
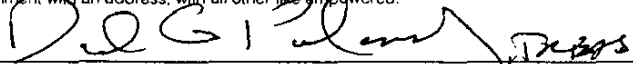


**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90036 032 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # N93000002800					
1. Entity Name WEST LAKE VILLAGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1200 LEMONWOOD STREET HOLLYWOOD, FL 33019		Mailing Address 14275 SW 142 AVENUE MIAMI, FL 33186			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0444578	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	ANDREW HOUGHTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VETTER, JOHN		NAME	1140 LIDFLOWER ST. PRESIDENT	
STREET ADDRESS	1200 LEMONWOOD ST		STREET ADDRESS	HOLLYWOOD, FL 33019	
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	MICHAEL MORSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMAN, ALLEN		NAME	1105 LYONTREE ST VP	
STREET ADDRESS	1200 LEMONWOOD ST		STREET ADDRESS	HOLLYWOOD, FL 33019	
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASSNER, NATALIE		NAME	DAVID POLANSKY	
STREET ADDRESS	1200 LEMONWOOD ST		STREET ADDRESS	1205 WEEPING WILLOW WAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ALEX		NAME		
STREET ADDRESS	1200 LEMONWOOD ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, ELIZABERH		NAME		
STREET ADDRESS	1200 LEMONWOOD ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPOF, ELLIOT		NAME		
STREET ADDRESS	1200 LEMONWOOD ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 1/14/08 954-925-4188		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

RECEIVED  
 40010843  
 JAN 03 2008

01032008 Chg-NP CR2E037 (12/06)