2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 443746

Entity Name: WEST LAKES OF BOCA RATON, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8279 E. CLUB RD. BOCA RATON, FL 33433 **Current Mailing Address: New Mailing Address:** 8279 EAST CLUB ROAD BOCA RATON, FL 33433 US FEI Number: 59-1538634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, CAROLYN L TREAS. MILLER, CAROLYN L TREAS. 8338 EÁST CLUB ROAD 8316 SOUTH ST BOCA RATON, FL 33433 US BOCA RATON, FL 33433 US 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. SIGNATURE: 03/25/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CILLA, CAROLYN A Name: Name: 8413 EAST CLUB RD Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: GOVONI. HAROLD Name: GOVONI, HAROLD 8407 EAST CLUB ROAD 8189 SANDALWOOD CT Address: Address: BOCA RATON, FL 33433 BOCA RATON, FL 33433 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: MILLER, CAROLYN L MILLER, CAROLYN L Name: Name: 8338 EAST CLUB RD 8316 SOUTH ST Address: Address: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: () Delete Title: () Change () Addition SKILLMAN, JAMES Name: Name: Address: 8420 EAST CLUB RD Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: Title: () Delete (X) Change () Addition JORDAN, VIRGINIA Name: BOILEAU, ALDAS Name: 8147 SANDLEWOOD CT Address: 8290 EAST CLUB RD Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433 Title: () Delete Title: () Change () Addition WEINSTEIN, RICHARD Name: Name: 8369 SOUTH STREET Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROYLN L. MILLER T 03/25/2009