

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000003123

Entity Name: WEST LAKES PARTNERSHIP, INC.**Current Principal Place of Business:**2800 LAKE SUNSET DR
ORLANDO, FL 32805**Current Mailing Address:**2200 LAKE SUNSET DR
ORLANDO, FL 32805 US**FEI Number: 81-0876563****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HISSOM, PHILIP K
2016 S FERNCREEK AVE
ORLANDO, FL 32806 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name SMART, ANDRE
Address 2122 PIEDMONT ST.
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name BRADLEY, SHIRLEY
Address 2127 MONTE CARLO TRAIL
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name HAWKINS, CHARLES
Address 2215 W. GORE ST.
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name BOONSTRA, JB
Address 711 N MAGNOLIA AVE
City-State-Zip: ORLANDO FL 32803

Title SECRETARY
Name GIDDENS, FAYE
Address 2200 LAKE SUNSET DR
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name SMIKLE, TANGIA
Address 1701 W. CENTRAL BLVD
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name ELBADRI, SARAH
Address 335 N MAGNOLIA AVE, APT. 1509
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name GILL, ALEXANDER
Address 1415 W. ROBINSON ST.
City-State-Zip: ORLANDO FL 32805

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY AYERS**CEO****02/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ANDERSON, TRACY
Address 2801 LAKE SUNSET DRIVE
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name WATKINS, JUANA
Address 9395 NELSON PARK CIRCLE, #204
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name THOMAS, JIM
Address 420 EAST CHURCH STREET #805
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BREWER, DAVID
Address 2505 MONTE CARLO TRAIL
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name GILES, ANTOINETTE
Address 2203 JACOBS PLACE
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name REYNOLDS, CAMILLE
Address 238 S. ORTMAN DRIVE
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR
Name HILL, MARAGARET
Address 551 N. DOLLINS AVE.
City-State-Zip: ORLANDO FL 32805

Title CEO
Name AYERS, TIMOTHY
Address POB 3171
City-State-Zip: ORLANDO FL 32802