#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002800

Entity Name: WEST LAKE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

FILED
Jan 11, 2017
Secretary of State
CC9268206177

## **Current Principal Place of Business:**

1200 LEMONWOOD STREET HOLLYWOOD. FL 33019

## **Current Mailing Address:**

1200 LEMONWOOD STREET HOLLYWOOD , FL 33019 US

FEI Number: 65-0444578 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

PETERS & PETERS, ATTORNEYS AT LAW, P.A. 9900 STIRLING ROAD 232 COOPER CITY, FL 33024 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: KEVIN PETERS 01/11/2017

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name REPOLA. ANDREA Name MORSE, MICHAEL

Address 1200 LEMONWOOD STREET Address 1200 LEMONWOOD STREET

City-State-Zip: HOLLYWOOD FL 33019 City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR Title PRESIDENT

Name BOB, PALUMBO Name KOTZEN, STACEY

Address 1200 LEMONWOOD ST Address 1200 LEMONWOOD STREET

City-State-Zip: HOLLYWOOD FL 33019

City-State-Zip: HOLLYWOOD FL 33019

Title VP Title SECRETARY

Name SIMON, LESTER Name ROSENSTEIN, MARK

Address 1200 LEMONWOOD STREET Address 1200 LEMONWOOD STREET

City-State-Zip: HOLLYWOOD FL 33019 City-State-Zip: HOLLYWOOD FL 33019

TitleTREASURERTitleDIRECTORNameHOUGHTON, ANDREWNameBROWN, ALEX

Address 1200 LEMONWOOD STREET Address 1200 LEMONWOOD STREET

City State Zip: HOLLYWOOD FL 33019

City-State-Zip: HOLLYWOOD FL 33019 City-State-Zip: HOLLYWOOD FL 33019

# Continues on page 2

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: STACEY KOTZEN PRESIDENT 01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name RAMOS, ALBERT

Address 1200 LEMONWOOD STREET
City-State-Zip: HOLLYWOOD FL 33019