

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002800

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

**FILED**  
**Feb 14, 2023**  
**Secretary of State**  
**3662693063CC**

**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, P.A.  
ATTN: KEVIN G. PETERS, ESQ.  
10400 GRIFFIN ROAD SUITE 108  
COOPER CITY, FL 33328 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: /S/KEVIN G. PETERS, ESQ.

02/14/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           HERMELEE, BRUCE  
Address        1200 LEMONWOOD STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title           VICE-PRESIDENT  
Name           DEL SESTO, JUSTIN  
Address        1200 LEMONWOOD ST  
City-State-Zip: HOLLYWOOD FL 33019

Title           TREASURER  
Name           MIGNOLA, AUDRA  
Address        1200 LEMONWOOD STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title           SECRETARY  
Name           MICKEY, JOSEPH  
Address        1200 LEMONWOOD STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title           DIRECTOR  
Name           SIMON, LESTER  
Address        1200 LEMONWOOD STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title           DIRECTOR  
Name           ANZALONE, JOSEPH  
Address        1200 LEMONWOOD STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title           DIRECTOR  
Name           PERRAULT, RAIZA  
Address        1200 LEMONWOOD STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title           DIRECTOR  
Name           HOUGHTON, ANDREW  
Address        1200 LEMONWOOD STREET  
City-State-Zip: HOLLYWOOD FL 33019

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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: BRUCE HERMELEE

P

02/14/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            JUSTEN, ELIZABETH  
Address        1200 LEMONWOOD STREET  
City-State-Zip: HOLLYWOOD FL 33019