

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000002800

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

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:

KOPELOWITZ OSTROW, P.A.
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: JOSHUA KRUT

04/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COLLINS, WALTER J.
Address 1200 LEMONWOOD STREET
City-State-Zip: HOLLYWOOD FL 33019

Title VICE-PRESIDENT
Name MATHIOT, LAURENCE
Address 1200 LEMONWOOD ST
City-State-Zip: HOLLYWOOD FL 33019

Title SECRETARY
Name PINERA, JUAN M
Address 1200 LEMONWOOD STREET
City-State-Zip: HOLLYWOOD FL 33019

Title TREASURER
Name NEVES, WILSON L
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 LORBER, JONATHAN
Address 1200 LEMONWOOD STREET
City-State-Zip: HOLLYWOOD FL 33019

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

Title DIRECTOR
Name SCHNORF, JANELLE
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: WALTER J. COLLINS

PRESIDENT

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BURDICK, MICHAEL
Address 1460 SWEETBAY WAY
City-State-Zip: HOLLYWOOD FL 33019