

**2023 FLORIDA NOT FOR PROFIT CORPORATION 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:**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** TREASURER  
**Name** MIGNOLA, AUDRA  
**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** PERRAULT, RAIZA  
**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** SECRETARY  
**Name** MICKEY, JOSEPH  
**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** HOUGHTON, ANDREW  
**Address** 1200 LEMONWOOD STREET  
**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:** 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