2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N9300002800

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

Name and Address of Current Registered Agent:

EISINGER, BROWN, LEWIS, FRANKEL & CHAIET, P.A. ATTN: ALESSANDRA STIVELMAN, ESQ. 4000 HOLLYWOOD BOULEVARD SUITE 265-S HOLLYWOOD, FL 33021 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:	ALESSANDRA STIVELMAN, ESQ.	06/13/2019
	Electronic Signature of Registered Agent	Date

Officer/Director Detail :

Title	PRESIDENT	Title	VICE-PRESIDENT
Name	COLLINS, WALTER J.	Name	MIGNOLA, AUDRA
Address	1200 LEMONWOOD STREET	Address	1200 LEMONWOOD ST
City-State-Zip:	HOLLYWOOD FL 33019	City-State-Zip:	HOLLYWOOD FL 33019
Title	TREASURER	Title	SECRETARY
Name	THEODORO, SUMMERLEE	Name	STINGONE, LISA
Address	1200 LEMONWOOD STREET	Address	1200 LEMONWOOD STREET
City-State-Zip:	HOLLYWOOD FL 33019	City-State-Zip:	HOLLYWOOD FL 33019
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR REPOLA, ANDREA	Title Name	DIRECTOR PERRAULT, RAIZA
Name	REPOLA, ANDREA	Name	PERRAULT, RAIZA
Name Address City-State-Zip:	REPOLA, ANDREA 1200 LEMONWOOD STREET HOLLYWOOD FL 33019	Name Address	PERRAULT, RAIZA 1200 LEMONWOOD STREET
Name Address	REPOLA, ANDREA 1200 LEMONWOOD STREET HOLLYWOOD FL 33019 DIRECTOR	Name Address City-State-Zip:	PERRAULT, RAIZA 1200 LEMONWOOD STREET HOLLYWOOD FL 33019
Name Address City-State-Zip: Title Name	REPOLA, ANDREA 1200 LEMONWOOD STREET HOLLYWOOD FL 33019 DIRECTOR SIMON, LESTER	Name Address City-State-Zip: Title	PERRAULT, RAIZA 1200 LEMONWOOD STREET HOLLYWOOD FL 33019 DIRECTOR
Name Address City-State-Zip: Title	REPOLA, ANDREA 1200 LEMONWOOD STREET HOLLYWOOD FL 33019 DIRECTOR	Name Address City-State-Zip: Title Name	PERRAULT, RAIZA 1200 LEMONWOOD STREET HOLLYWOOD FL 33019 DIRECTOR HOUGHTON, ANDREW

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

06/13/2019

Electronic Signature of Signing Officer/Director Detail

FILED Jun 13, 2019 Secretary of State 9252780861CC

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Certificate of Status Desired: No