

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003855

Entity Name: WEST LAKE UNIT I PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Feb 09, 2018
Secretary of State
CC3611554529**Current Principal Place of Business:**C/O HARA COMMUNITY 1ST ADVISORS
760 FLORIDA CENTRAL PKWY SUITE #200
LONGWOOD, FL 32750**Current Mailing Address:**C/O HARA COMMUNITY 1ST ADVISORS
760 FLORIDA CENTRAL PKWY SUITE #200
LONGWOOD, FL 32750 US**FEI Number:** 59-3523246**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARA COMMUNITY 1ST ADVISORS LLC
C/O HARA COMMUNITY 1ST ADVISORS
760 FLORIDA CENTRAL PKWY SUITE #200
LONGWOOD, FL 32750 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:** RICHARD MICHAUD

02/09/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	RODRIGUEZ, EILEEN
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

Title	SECRETARY
Name	JOHNS, LEOLA
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

Title	TREASURER
Name	VANDYKE, HEATHER
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	PHILLIPS, EULA
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

Title	VP
Name	STEWART, SHERRINA
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	NELSON, MARTINE
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

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: EILEEN RODRIGUEZ

PRESIDENT

02/09/2018

Electronic Signature of Signing Officer/Director Detail

Date