

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 443746

**Entity Name:** WEST LAKES OF BOCA RATON, INC.

**Current Principal Place of Business:**

8279 EAST CLUB ROAD  
BOCA RATON, FL 33433

**Current Mailing Address:**

8279 EAST CLUB ROAD  
BOCA RATON, FL 33433

**FEI Number:** 59-1538634

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MILLER, CAROLYN LTREAS  
8316 SOUTH ST  
BOCA RATON, FL 33433 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name CILLA, CAROLYN A  
Address 8413 EAST CLUB RD  
City-State-Zip: BOCA RATON FL 33433

Title P  
Name BOILEAU, ALDAS  
Address 8290 EAST CLUB ROAD  
City-State-Zip: BOCA RATON FL 33433

Title T  
Name MILLER, CAROLYN L  
Address 8316 SOUTH ST  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name CARLO, PETER  
Address 8388 EAST CLUB RD  
City-State-Zip: BOCA RATON FL 33433

Title VP  
Name FOGLE, CHARLIE  
Address 8372 EAST CLUB RD  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name WEINSTEIN, RICHARD  
Address 8369 SOUTH STREET  
City-State-Zip: BOCA RATON FL 33433

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROLYN L. MILLER

TREAS

03/21/2013

Electronic Signature of Signing Officer/Director Detail

Date