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Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 443746 (3)
 1. Corporation Name
WEST LAKES OF BOCA RATON, INC.



Principal Place of Business: **8279 E. CLUB RD. BOCA RATON FL 33433**
 Mailing Address: **8279 EAST CLUB ROAD BOCA RATON FL 33433 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1538634	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent FARRELL, FRANK S 20927-SUNRISE DRIVE BOCA RATON-FL 33433				10. Name and Address of New Registered Agent			
				81	Name Anna Hagberg - Secretary		
				82	Street Address (P.O. Box Number is Not Acceptable) 8167 South Street		
				83	City Boca Raton, Florida 33433		
				84	City Boca Raton, FL	85 Zip Code 33433	

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Anna Hagberg Sec/DIR* **ANNA G. HAGBERG Sec/DIR** DATE: **4-2-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRADE, JOHN T			1.2 NAME	JOHN T. ANDRADE		
STREET ADDRESS	8167 SANDALWOOD CT			1.3 STREET ADDRESS	8167 Sandalwood Ct.		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	Boca Raton, FL. 33433		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALLON, PAUL			2.2 NAME	Daniel Redmand		
STREET ADDRESS	8409 CHISUM TRAIL			2.3 STREET ADDRESS	8331 Chisum Trail		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	Boca Raton, FL. 33433		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEMAY, ROGER			3.2 NAME	Nancy Bush		
STREET ADDRESS	8397 E CLUB RD			3.3 STREET ADDRESS	20951 Sunrise Drive		
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP	Boca Raton, FL. 33433		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTINS, JOSEPH			4.2 NAME	William Hahn		
STREET ADDRESS	8388 EAST CLUB ROAD			4.3 STREET ADDRESS	20918 Sunrise Drive		
CITY-ST-ZIP	BOCA RATON FL 33433			4.4 CITY-ST-ZIP	Boca Raton, FL. 33433		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAZANOFF, STEPHEN			5.2 NAME	000002543530		
STREET ADDRESS	8359 SOUTH STREET			5.3 STREET ADDRESS	-06/02/98--01020--017		
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-ST-ZIP	***150.00		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGBERG, ANNA			6.2 NAME	Alice Hauss		
STREET ADDRESS	8167 SOUTH STREET			6.3 STREET ADDRESS	8248 East Club Road		
CITY-ST-ZIP	BOCA RATON FL			6.4 CITY-ST-ZIP	Boca Raton, FL. 33433		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Anna Hagberg* **ANNA G. HAGBERG** DATE: **4-2-98**

CR2E034 (10/97)