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USA 1/44

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 443746

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		26		4. FEI Number 59-1538634	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAGBURG, ANNA 8167 SOUTH ST BOCA RATON FL 33433				10. Name and Address of New Registered Agent	
81 Name		ALICE L. HAUSS			
82 Street Address (P.O. Box Number is Not Acceptable)		8248 E. CLUB RD.			
83					
84 City		BOCA RATON		85 Zip Code	FL 33433

11. Pursuant to the provisions of Sections 607.0502 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: *Alice L. Hauss, Secy/Dire* ALICE L. HAUSS, SECY/DIRE 4/19/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ANDREADE, JOHN T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DANIEL B. REDMOND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREADE, JOHN T	1.2 NAME	8331 CHISUM TRAIL
STREET ADDRESS	8187 SANDALWOOD CT	1.3 STREET ADDRESS	BOCA RATON, FL 33433
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	
TITLE	V REDMAND, DANIEL <input checked="" type="checkbox"/> DELETE	2.1 TITLE	RUSSELL COOPER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMAND, DANIEL	2.2 NAME	8406 EAST CLUB ROAD
STREET ADDRESS	8331 CHISUM TRAIL	2.3 STREET ADDRESS	BOCA RATON FL 33433
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	T BUSH, NANCY <input checked="" type="checkbox"/> DELETE	3.1 TITLE	LILLIAN ROONEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, NANCY	3.2 NAME	8338 EAST CLUB ROAD
STREET ADDRESS	20951 SUNRISE DR	3.3 STREET ADDRESS	BOCA RATON FL 33433
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	D HAHN, WILLIAM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, WILLIAM	4.2 NAME	
STREET ADDRESS	20918 SUNRISE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	
TITLE	D KAZANOFF, STEPHEN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAZANOFF, STEPHEN	5.2 NAME	
STREET ADDRESS	8359 SOUTH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D HAUSS, ALICE <input type="checkbox"/> DELETE	6.1 TITLE	JOHN T ANDRADE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSS, ALICE	6.2 NAME	8187 SANDALWOOD CT
STREET ADDRESS	8248 E. CLUB RD	6.3 STREET ADDRESS	BOCA RATON FL 33433
CITY-ST-ZIP	BOCA RATON FL 33433	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Alice L. Hauss, Secy/Dire* ALICE L. HAUSS, SECY/DIRE 4/19/99 561-482-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)