


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90124 050 \*\*\*\*61.25

<b>DOCUMENT # N19265</b>		
1. Entity Name WEST LAKE GREENS PROPERTY OWNERS' ASSOCIATION, INC.		

Principal Place of Business 1932 1932 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573 US	Mailing Address 1932 1932 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573 US
--	--

2. Principal Place of Business - No P.O. Box # 1932 NEW BEDFORD DR	3. Mailing Address 1932 NEW BEDFORD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUN CITY CENTER
City & State SUN CITY CENTER, FL	City & State SUN CITY CENTER, FL
Zip 33573	Country USA
Zip 33573	Country USA



04032008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2869954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLEINEDLER, ELLEN 1913 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573	7. Name and Address of New Registered Agent Name YASMIN KEVALA Street Address (P.O. Box Number is Not Acceptable) 1932 NEW BEDFORD DR City SUN CITY CENTER FL Zip Code 33573
---	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: x Y. Kevala, TREASURER Y. KEVALA 04.04.2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASHDOLLAR, MURRAY 1809 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WICK, GERALD 1927 NEW BEDFORD DR SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WICK, GERALD 1927 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GATTO, FRANK 1925 NEW BEDFORD DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLEINEDLER, ELLEN 1913 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YASMIN KEVALA, YASMIN 1932 NEW BEDFORD DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LATTO, JOAN 1925 NEW BEDFORD DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GATTO, JOAN 1925 NEW BEDFORD DR SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLER, JEAN 1937 NEW BEDFORD DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORVATH, CECILIA 1920 NEW BEDFORD DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Y. Kevala, Treasurer Y. KEVALA 04.04.2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #