FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2001 8:00 am Secretary of State DOCUMENT # N93000002800 1. Entity Name WEST LAKE VILLAGE HOMEOWNERS' ASSOCIATION, INC. 02-05-2001 90019 041 \*\*\*\*61 25 Mailing Address Principal Place of Business 1200 LEMONWOOD STREET 1200 LEMONWOOD STREET HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address JUA BUE BUE MS 2FGM Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0444578 FL Not Applicable MIAMI Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33186 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES FL 33134 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. mosident Change ☐ Addition TITLE ☐ Delete TITLE Vetter, John VETTA, JOHN NAME NAME oo remonwood ST STREET ADDRESS STREET ADDRESS 1200 LEMONWOOD ST pilywood, FL 32019 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 Change ☐ Addition ۷P Precident Delete TITLE Vice TITLE PALUMBO, BOB NAME Atlen NAME teinman, اک لمان دورنا ۱۷ 1200 LEMONWOOD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33010 CITY-ST-ZIP HOLLYWOOD FL 33019 Change ☐ Addition TITLE Delete TITLE Natali KRASSNER, NATALIE NAME NAME racsney, STREET ADDRESS emi, wood 1200 LEMONWOOD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 Change Addition ☐ Delete TITLE TITLE LEINWARD, JONATHAN NAME NAME STREET ADDRESS 1200 LEMONWOOD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Addition Delete TITLE TITLE STEINMAN, ALLAN NAME NAME STREET ADDRESS 1200 LEMONWOOD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 Addition ☐ Change ☐ Delete TITLE TITLE POLANSKY, DAVID NAME NAME 1200 LEMONWOOD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 330 L CITY-ST-ZIP HOLLYWOOD FL 33019

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i). 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

X SALUENTISTICINIMINANAE