

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90013 019 \*\*\*\*61.25

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----|--|--|-------------|--|--|-------|--------------|------------------------------------------------------------------------------|------|-------------------|--|----------------|---------------------|--|-------------|--|--|
| <b>DOCUMENT # N93000002800</b><br>1. Entity Name<br><b>WEST LAKE VILLAGE HOMEOWNERS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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       |      |                   |  |                |                     |  |             |  |  |
| Principal Place of Business<br>1200 LEMONWOOD STREET<br>HOLLYWOOD, FL 33019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                  | Mailing Address<br>14275 SW 142 AVENUE<br>MIAMI, FL 33186 |                                                                                                                                                                                        |  |       |      |                                 |      |                |  |                |                   |  |             |                     |  |       |    |                                 |      |                 |  |                |                   |  |             |                     |  |       |   |                                 |      |                   |  |                |                   |  |             |                     |  |       |                           |                                            |      |                              |  |                |                                |  |             |  |  |       |                      |                                 |      |                   |  |                |                     |  |             |  |  |       |                       |                                 |      |                   |  |                |                     |  |             |  |  |       |      |                                                                   |      |              |  |                |                   |  |             |                     |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |              |                                                                              |      |                   |  |                |                     |  |             |  |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | 3. Mailing Address                                                               |                                                           |                                                                                                                                                                                        |  |       |      |                                 |      |                |  |                |                   |  |             |                     |  |       |    |                                 |      |                 |  |                |                   |  |             |                     |  |       |   |                                 |      |                   |  |                |                   |  |             |                     |  |       |                           |                                            |      |                              |  |                |                                |  |             |  |  |       |                      |                                 |      |                   |  |                |                     |  |             |  |  |       |                       |                                 |      |                   |  |                |                     |  |             |  |  |       |      |                                                                   |      |              |  |                |                   |  |             |                     |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |              |                                                                              |      |                   |  |                |                     |  |             |  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | Suite, Apt. #, etc.                                                              |                                                           | 01052007 Chg-NP CR2E037 (12/06)                                                                                                                                                        |  |       |      |                                 |      |                |  |                |                   |  |             |                     |  |       |    |                                 |      |                 |  |                |                   |  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|  |  |             |  |  |       |              |                                                                              |      |                   |  |                |                     |  |             |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | City & State                                                                     |                                                           | 4. FEI Number<br><b>65-0444578</b>                                                                                                                                                     |  |       |      |                                 |      |                |  |                |                   |  |             |                     |  |       |    |                                 |      |                 |  |                |                   |  |             |                     |  |       |   |                                 |      |                   |  |                |                   |  |             |                     |  |       |                           |                                            |      |                              |  |                |                                |  |             |  |  |       |                      |                                 |      |                   |  |                |                     |  |             |  |  |       |                       |                                 |      |                   |  |                |                     |  |             |  |  |       |      |                                                                   |      |              |  |                |                   |  |             |                     |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |              |                                                                              |      |                   |  |                |                     |  |             |  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | Country                                                                          |                                                           | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                        |  |       |      |                                 |      |                |  |                |                   |  |             |                     |  |       |    |                                 |      |                 |  |                |                   |  |             |                     |  |       |   |                                 |      |                   |  |                |                   |  |             |                     |  |       |                           |                                            |      |                              |  |                |                                |  |             |  |  |       |                      |                                 |      |                   |  |                |                     |  |             |  |  |       |                       |                                 |      |                   |  |                |                     |  |             |  |  |       |      |                                                                   |      |              |  |                |                   |  |             |                     |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |              |                                                                              |      |                   |  |                |                     |  |             |  |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                                  |                                                           | 7. Name and Address of New Registered Agent                                                                                                                                            |  |       |      |                                 |      |                |  |                |                   |  |             |                     |  |       |    |                                 |      |                 |  |                |                   |  |             |                     |  |       |   |                                 |      |                   |  |                |                   |  |             |                     |  |       |                           |                                            |      |                              |  |                |                                |  |             |  |  |       |                      |                                 |      |                   |  |                |                     |  |             |  |  |       |                       |                                 |      |                   |  |                |                     |  |             |  |  |       |      |                                                                   |      |              |  |                |                   |  |             |                     |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |              |                                                                              |      |                   |  |                |                     |  |             |  |  |
| SKRLD, INC.<br>201 ALHAMBRA CIRCLE, SUITE 1102<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                                                                  |                                                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |       |      |                                 |      |                |  |                |                   |  |             |                     |  |       |    |                                 |      |                 |  |                |                   |  |             |                     |  |       |   |                                 |      |                   |  |                |                   |  |             |                     |  |       |                           |                                            |      |                              |  |                |                                |  |             |  |  |       |                      |                                 |      |                   |  |                |                     |  |             |  |  |       |                       |                                 |      |                   |  |                |                     |  |             |  |  |       |      |                                                                   |      |              |  |                |                   |  |             |                     |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |              |                                                                              |      |                   |  |                |                     |  |             |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|  |                |                     |  |             |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                     |      |                   |  |                |                     |  |             |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                           | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                     |  |       |      |                                 |      |                |  |                |                   |  |             |                     |  |       |    |                                 |      |                 |  |                |                   |  |             |                     |  |       |   |                                 |      |                   |  |                |                   |  |             |                     |  |       |                           |                                            |      |                              |  |                |                                |  |             |  |  |       |                      |                                 |      |                   |  |                |                     |  |             |  |  |       |                       |                                 |      |                   |  |                |                     |  |             |  |  |       |      |                                                                   |      |              |  |                |                   |  |             |                     |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |              |                                                                              |      |                   |  |                |                     |  |             |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>P VETTER, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 LEMONWOOD ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33019</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEINMAN, ALLEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 LEMONWOOD ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33019</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KRASSNER, NATALIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 LEMONWOOD ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33019</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S <del>PALUMBO, BOB</del></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><del>1200 LEMONWOOD ST</del></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>HOLLYWOOD, FL 33019</del></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D KAUFMAN, ELIZABERH</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1200 LEMONWOOD ST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>HOLLYWOOD, FL 33019</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D WASSERSTROM, GLENDA</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1200 LEMONWOOD ST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>HOLLYWOOD, FL 33019</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>S Alex Brown</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 Lemonwood St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Hollywood, FL 33019</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>Elliot Lipof</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1200 Lemonwood St</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Hollywood, FL 33019</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                                |                                                                                  |                                                           |                                                                                                                                                                                        |  | TITLE | NAME | <input type="checkbox"/> Delete | NAME | P VETTER, JOHN |  | STREET ADDRESS | 1200 LEMONWOOD ST |  | CITY-ST-ZIP | HOLLYWOOD, FL 33019 |  | TITLE | VP | <input type="checkbox"/> Delete | NAME | STEINMAN, ALLEN |  | STREET ADDRESS | 1200 LEMONWOOD ST |  | CITY-ST-ZIP | HOLLYWOOD, FL 33019 |  | TITLE | T | <input type="checkbox"/> Delete | NAME | KRASSNER, NATALIE |  | STREET ADDRESS | 1200 LEMONWOOD ST |  | CITY-ST-ZIP | HOLLYWOOD, FL 33019 |  | TITLE | S <del>PALUMBO, BOB</del> | <input checked="" type="checkbox"/> Delete | NAME | <del>1200 LEMONWOOD ST</del> |  | STREET ADDRESS | <del>HOLLYWOOD, FL 33019</del> |  | CITY-ST-ZIP |  |  | TITLE | D KAUFMAN, ELIZABERH | <input type="checkbox"/> Delete | NAME | 1200 LEMONWOOD ST |  | STREET ADDRESS | HOLLYWOOD, FL 33019 |  | CITY-ST-ZIP |  |  | TITLE | D WASSERSTROM, GLENDA | <input type="checkbox"/> Delete | NAME | 1200 LEMONWOOD ST |  | STREET ADDRESS | HOLLYWOOD, FL 33019 |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | S Alex Brown |  | STREET ADDRESS | 1200 Lemonwood St |  | CITY-ST-ZIP | Hollywood, FL 33019 |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | Elliot Lipof | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 1200 Lemonwood St |  | STREET ADDRESS | Hollywood, FL 33019 |  | CITY-ST-ZIP |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME                           | <input type="checkbox"/> Delete                                                  |                                                           |                                                                                                                                                                                        |  |       |      |                                 |      |                |  |                |                   |  |             |                     |  |       |    |                                 |      |                 |  |                |                   |  |             |                     |  |       |   |                                 |      |                   |  |                |                   |  |             |                     |  |       |                           |                                            |      |                              |  |                |                                |  |             |  |  |       |                      |                                 |      |                   |  |                |                     |  |             |  |  |       |                       |                                 |      |                   |  |                |                     |  |             |  |  |       |      |                                                                   |      |              |  |                |                   |  |             |                     |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |              |                                                                              |      |                   |  |                |                     |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                                                                                                                                                                                                                               | S <del>PALUMBO, BOB</del>      | <input checked="" type="checkbox"/> Delete                                       |                                                           |                                                                                                                                                                                        |  |       |      |                                 |      |                |  |                |                   |  |             |                     |  |       |    |                                 |      |                 |  |                |                   |  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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|  |  |             |  |  |       |              |                                                                              |      |                   |  |                |                     |  |             |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>SIGNATURE:</b> _____ <b>JOHN VETTER</b> <b>9549254488</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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