2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# N99000006003

Entity Name: WEST LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5979 NW 151 STREET
101
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

PO BOX 160718
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 65-1049680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORROS, LOURDES
15450 NEW BARN ROAD SUITE 302
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: HERRERA, LYNETTE
Address: 5979 NW 151ST ST. SUITE 101
City-St-Zip: MIAMI LAKES, FL 33014

Title: DS ( ) Delete
Name: CABARCAS, CHARLES
Address: 5979 NW 151ST ST. SUITE 101
City-St-Zip: MIAMI LAKES, FL 33014

Title: DP ( ) Delete
Name: SOLES, GILBERT
Address: 5979 NW 151ST SUITE 101
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILBERT SOLES DP 06/15/2009

Electronic Signature of Signing Officer or Director — Date