2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2016
Secretary of State
CC2829089581

DOCUMENT# N93000002800

Entity Name: WEST LAKE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1200 LEMONWOOD STREET
HOLLYWOOD, FL 33019

Current Mailing Address:

1200 LEMONWOOD STREET
HOLLYWOOD , FL 33019 US

FEI Number: 65-0444578

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134 US

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

Officer/Director Detail :

Title	DIRECTOR
Name	REPOLA, ANDREA
Address	1200 LEMONWOOD STREET
City-State-Zip:	HOLLYWOOD FL 33019

Title	DIRECTOR
Name	BOB, PALUMBO
Address	1200 LEMONWOOD ST
City-State-Zip:	HOLLYWOOD FL 33019

Title	DIRECTOR
Name	SIMON, LESTER
Address	1200 LEMONWOOD STREET
City-State-Zip:	HOLLYWOOD FL 33019

Title	TREASURER
Name	HOUGHTON, ANDREW
Address	1200 LEMONWOOD STREET
City-State-Zip:	HOLLYWOOD FL 33019

Title	VP
Name	MORSE, MICHAEL
Address	1200 LEMONWOOD STREET
City-State-Zip:	HOLLYWOOD FL 33019

Title	PRESIDENT
Name	KOTZEN, STACEY
Address	1200 LEMONWOOD STREET
City-State-Zip:	HOLLYWOOD FL 33019

Title	SECRETARY
Name	ROSENSTEIN, MARK
Address	1200 LEMONWOOD STREET
City-State-Zip:	HOLLYWOOD FL 33019

Title	DIRECTOR
Name	BROWN, ALEX
Address	1200 LEMONWOOD STREET
City-State-Zip:	HOLLYWOOD FL 33019

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I hereby 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 all other like empowered.

SIGNATURE: STACEY KOTZEN PRESIDENT 01/25/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	RAMOS, ALBERT
Address	1200 LEMONWOOD STREET
City-State-Zip:	HOLLYWOOD FL 33019