

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

Title DIRECTOR  
Name KAUFMAN, ELIZABETH  
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 TREASURER  
Name HOUGHTON, ANDREW  
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: KOTZEN, STACEY**

**PRESIDENT**

**01/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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