

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725924** (5)
1. Corporation Name
WESTWOOD COMMUNITY TWO ASSOCIATION, INC.



Principal Place of Business: 6604 NW 95TH AVE, TAMARAC FL 33321
Mailing Address: 6604 NW 95TH AVE, TAMARAC FL 33321

3. Date Incorporated or Qualified: 03/27/1973
3a. Date of Last Report: 04/18/1995
4. FEI Number: 23-7281293
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
HESTON, FRANK JOSEPH
9900 W. SAMPLE ROAD, #400
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	POWERS, DANIEL	
STREET ADDRESS	6596 WESTWOOD BLVD., W.	
CITY - ST - ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, EDWARD	
STREET ADDRESS	9803 NW 67TH CT.	
CITY - ST - ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALKIN, CARL	
STREET ADDRESS	9701 NW 66TH ST.	
CITY - ST - ZIP	TAMARAC FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RAMTCH, BETTY	
STREET ADDRESS	6605 N.W. 97TH AVE.	
CITY - ST - ZIP	TAMARAC FL	
TITLE	<i>Ruth Fleischer</i>	<input type="checkbox"/> DELETE
NAME	<i>Ruth Fleischer</i>	
STREET ADDRESS	<i>9517 NW 66th St</i>	
CITY - ST - ZIP	<i>Tamarac, FL 33321</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruth Fleischer* Date: *4/29/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)