

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727003 (6)

1. Corporation Name

WESTWOOD COMMUNITY FIVE ASSOCIATION, INC.

300001526523

-06/29/95--01014--008

DO NOT WRITE IN THIS SPACE **\$61.75

Principal Place of Business

Mailing Address

6300 NORTHWEST 93 AVENUE
TAMARAC FL 33321

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TAMARAC FL 33321

3. Date Incorporated or Qualified
07/23/1973

3a. Date of Last Report
03/11/1994

4. FEI Number
23-7446541

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SILVERS, HELEN
8105 NW 96 AVE
TAMARAC FL 33321**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITILE
NAME **SILVERS, HELEN**
STREET ADDRESS **8105 NW 96TH AVENUE**
CITY-ST-ZIP **TAMARAC, FL 00000**
SAME

1.1 TITLE **T**
1.2 NAME **HELEN SILVERS**
1.3 STREET ADDRESS **8105 NW 96 AV**
1.4 CITY-ST-ZIP **TAMARAC, FL 33321**
 Change Addition

TITILE
NAME **RICHMAN HARRY**
STREET ADDRESS **9403 NW 80 PL**
CITY-ST-ZIP **TAMARAC, FL 00000**
SI

2.1 TITLE **V.P.**
2.2 NAME **RICHMAN HARRY**
2.3 STREET ADDRESS **9403 NW 80 PL**
2.4 CITY-ST-ZIP **TAMARAC FL 33321**
 Change Addition

TITILE
NAME **CONORAU LEO JOHN BARLETTA**
STREET ADDRESS **9511 N.W. 81 MANOR**
CITY-ST-ZIP **TAMARAC, FL 00000 TAMARAC FL.**

3.1 TITLE **S**
3.2 NAME **JOHN BARLETTA S**
3.3 STREET ADDRESS **9511 N.W. 81 MANOR**
3.4 CITY-ST-ZIP **TAMARAC FL 33321**
 Change Addition

TITILE
NAME **HOFFMAN, BRUCE**
STREET ADDRESS **8021 NW 95TH LANE**
CITY-ST-ZIP **TAMARAC FL**
SAME

4.1 TITLE **P**
4.2 NAME **BRUCE HOFFMAN**
4.3 STREET ADDRESS **8021 NW 96 AVE**
4.4 CITY-ST-ZIP **TAMARAC, FL 33321**
 Change Addition

TITILE
NAME **ASSER JAMES**
STREET ADDRESS **8110 NW 93 AVE**
CITY-ST-ZIP **TAMARAC, FL 00000 TAMARAC, FL**
JOSEPH HERSH 8102 N.W. 96 TERR

5.1 TITLE **D**
5.2 NAME **JOSEPH HERSH D**
5.3 STREET ADDRESS **8102 NW 96 AV.**
5.4 CITY-ST-ZIP **TAMARAC FL 33321**
 Change Addition

TITILE
NAME **ZIVE, ROBERT**
STREET ADDRESS **9501 NW 80 PL**
CITY-ST-ZIP **TAMARAC, FL 00000**
T.S. 6/27/95

6.1 TITLE **D**
6.2 NAME **ROBERT ZIVE**
6.3 STREET ADDRESS **9501 NW 80 PL**
6.4 CITY-ST-ZIP **TAMARAC FL 33321**
 Change Addition

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)(b), 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:

HELEN SILVERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HELEN SILVERS

4/13/95
Date

304-721-8683
Daytime Phone #