

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 # 727003 (6)
1. Corporation Name
WESTWOOD COMMUNITY FIVE ASSOCIATION, INC.



Principal Place of Business: **8300 NORTHWEST 93 AVENUE TAMARAC FL 33321**
Mailing Address: **8300 NORTHWEST 93 AVENUE TAMARAC FL 33321**

3. Date Incorporated or Qualified: **07/23/1973**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		23-7446541	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
SILVERS, HELEN 8105 NW 96 AVE TAMARAC FL FL 33321		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	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: *Helen Silvers Spear* DATE: **2/27/96**
Signature, typed or printed name of registered agent and the filer if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERS, HELEN	1.2 NAME	
STREET ADDRESS	8105 NW 96TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHMAN HARRY	2.2 NAME	TEPPER, IRVING
STREET ADDRESS	9403 NW 80 PL	2.3 STREET ADDRESS	8203 N.W. 92 AVE
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	<input type="checkbox"/> DELETE	2.5 CITY-ST-ZIP	PRESIDENT
NAME	S BARLETTA, JOHN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9511 N.W. 81 MANOR	3.2 NAME	
CITY-ST-ZIP	TAMARAC FL 33321	3.3 STREET ADDRESS	
TITLE	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	HOFFMAN, BRUCE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8021 NW 95TH LANE	4.2 NAME	ROESE PAUL
CITY-ST-ZIP	TAMARAC FL 33321	4.3 STREET ADDRESS	9409 N.W. 80 PL.
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	TAMARAC, FL 33321
NAME	HERS, JOSEPH	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8102 NW 96 AVE	5.2 NAME	
CITY-ST-ZIP	TAMARAC FL 33321	5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME	ZIVE, ROBERT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9501 NW 80 PL	6.2 NAME	
CITY-ST-ZIP	TAMARAC FL 33321	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: *Helen Silvers* DATE: **2/27/96** DAYTIME PHONE #: **721-8683**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)