

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 33321-1435

3. Date Incorporated or Qualified: 07/23/1973
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		23-7446541		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
22		27		6. Election Campaign Financing		<input type="checkbox"/> Trust Fund Contribution	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
23		29		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

SILVERS, HELEN
8105 NW 96 AVE
TAMARAC FL FL 33321

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	D BARNETT ALFRED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERS, HELEN	1.2 NAME	8105 NW 93 TERR
STREET ADDRESS	8105 NW 96TH AVENUE	1.3 STREET ADDRESS	TAMARAC FL 33321
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D ROTRONE DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEPPER, IRVING	2.2 NAME	8022 N.W. 95 LANE
STREET ADDRESS	8203 NW 92ND AVENUE	2.3 STREET ADDRESS	TAMARAC, FL 33321
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D DELISE SAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARLETTA, JOHN	3.2 NAME	9507 N.W. 81 ST
STREET ADDRESS	9511 N.W. 81 MANOR	3.3 STREET ADDRESS	TAMARAC FL 33321
CITY-ST-ZIP	TAMARAC FL 33321	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S WEISS ANITA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROEAE, PAUL	4.2 NAME	8700 N.W. 92 TERR
STREET ADDRESS	9409 NW 80TH PLACE	4.3 STREET ADDRESS	TAMARAC FL 33321
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	Q P <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HERS, JOSEPH	5.2 NAME	
STREET ADDRESS	8102 NW 96 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP	
TITLE	V P <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	ZIVE, ROBERT	6.2 NAME	
STREET ADDRESS	9501 NW 80 PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 (Typed) *Helen Silvers* 3/26/97 - 904-721-8683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)