FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 727003 (6)										
WESTWOOD COMMUNITY FIVE ASSOCIATION, INC.										
Principal Plac	ce of Business		Mailing Address	Mailing Address				i irli dibid u	#1811 918 11 81611 8	(1 0 41 0 101) (001
8300 NORTHWEST 93 AVENUE TAMARAC FL 33321				8300 NORTHWEST 93 AVENUE			3. Date Incorporated or Qualified			
IMMARIAU FL	33321		TAMARAC FL 33321			07/23/1973				
[4. FEI Number			pplied For ot Applicable
2. Principal P	lace of Busine	əss	2a. Mailing Address			23-7446541		 	Additional	
21			26				5. Certificate of Status Desired			equired
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			Election Campalgn Financing Trust Fund Contribution		\$5.00		
City & Stat	le		City & State				7. Is this nonprofit corporation a ho		Added to era associatio	
23			28	28			☐ Yes ☐ No			
Zip	Country 25		Zip	├ ¬ '			8. This corporation owes or has pa			
24	29 nt Registered Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
					B1	Name			1 7 3 4 1 1	
SILVERS, HELEN					82 Street Address (P.O. Box Number is Not Acceptable)					
	N 96 AVE	004		<u> </u>	83					
IAMAN	AC FL FL 33:	321		L	1			- 		
				I .	 					Code
11. Pursuant	 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida 						poration submits this statement for the p	purpose (of changing i	ts registered
agent. I a	m lamiliar with	n, and accept the obliga		orida Statut	jes/	ne corporan	ion's board of directors, i hereby accep	pt the ap	pointment as	registered
SIGNATURE ,	MELEI	N SILVER or printed name of registered agen	rs, The 113	Æ	W	elev	Delver Ress	DATE	724190	<u>r</u>
12.	Digramore, special	OFFICERS AND					ADDITIONS/CHANGES TO OFFIC		D DIRECTOR	3S IN 12
TITLE	1		☐ DELETE	1.1 TITLE	E				Change	Addition
NAME	SILVERS, HELEN			1.2 NAME						
STREET ADDRESS CITY-ST-ZIP	ss 8105 NW 96TH AVENUE TAMARAC FL 33321				1.3 STREET ADDRESS				,	
TITLE	0		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		211			Change	Addition
NAME	BARNETT, ALFRED				2.2 NAME					
STREET ADDRESS				2.3 STRE	2.3 STREET ADDRESS					
CITY+ST-ZIP TITLE	TAMÁRAC FL.		DELETE		2.4 CITY-ST-ZIP				T dhanna	1 4 dalblan
NAME	COTRONE, DAVID		☐ DECEN	3.1 TITLE	3.1 TILLE 3.2 NAME				☐ Change	Addition
STREET ADDRESS	8022 NW	•		3.3 STRE		DDRESS				
CITY-ST-ZIP	TAMARAC			3.4. CITY						
TITLE	D		☐ DELETE	4.1 TITLE					Change	Addition
NAME	DELISE, SAM s 9507 NW 81 CT			4. 2 NAME						
STREET ADDRESS	TAMARAC			4.3 STRE						
CITY-ST-ZIP TITLE	P	, rt	DELETE	4.4 CITY 5.1 TITLE		ZIP			Change	Addition
NAME	HERS, JO)SEPH		5.2 NAME					had Vinnige	Flooring.
STREET ADDRESS	STREET ADDRESS 8102 NW 96 AVE			5.3 STREET ADDRESS		DDRESS				
CITY-ST-ZIP	TAMARAC) FL		5.4 CITY-						
TITLE	VP		☐ DELETE	6.1 TITLE	:				Change	Addition
NAME	ZIVE, ROE			6.2 NAME	E					
STREET ADDRESS	9501 NW			6.3 STREE	ET AD	DDRESS				İ

14. I 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 of 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, of on an attachment with an address.

SIGNATURE:

FILED

Mar 03 1998 8:00am

Secretary of State