

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 28, 1999 8:00 am**  
**Secretary of State**

06-28-1999 90003 010 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727003**  
 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
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2. Principal Place of Business 21 <b>8300 NW 93 AVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>07/23/1973</b>
22	27	4. FEI Number <b>23-7446541</b> Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip Country	29 Zip Country	30
25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>SILVERS, HELEN</b> 8105 NW 96 AVE TAMARAC FL FL 33321	10. Name and Address of New Registered Agent 81 Name <b>SAME</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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* DATE **6/25/99**  
Signature, typed or printed name of registered agent and title 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	T SILVERS, HELEN 8105 NW 96TH AVENUE TAMARAC FL 33321	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit	<b>SECRETARY</b>
NAME		1.2 NAME	<b>PICARD, MAJORIE</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>9311 N.W. 81 MANOR</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>TAMARAC FL 33321</b>
TITLE <input checked="" type="checkbox"/> DELETE	D BARNETT, ALFRED 8105 NW 93 TERR TAMARAC FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit	<b>VICE PRESIDENT</b>
NAME		2.2 NAME	<b>RABIN, RICHARD</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>9206 NW 81 PL</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>TAMARAC FL 33321</b>
TITLE <input checked="" type="checkbox"/> DELETE	D COTRONE, DAVID 8022 NW 95 LANE TAMARAC FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit	<b>D. HOFFMAN, BRUCE</b>
NAME		3.2 NAME	<b>8021 N.W. 95 LANE</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>TAMARAC FL 33321</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D DELISE, SAM 9507 NW 81 CT TAMARAC FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit	<b>D. BOONE PAUL</b>
NAME		4.2 NAME	<b>8100 N.W. 96 TERR</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>TAMARAC FL 33321</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	P HERS, JOSEPH 8102 NW 96 AVE TAMARAC FL	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit	<b>P. ROTHKOPF, MORRIS</b>
NAME		5.2 NAME	<b>9503 N.W. 81 MANOR</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>TAMARAC FL 33321</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	VP ZVE, ROBERT 9501 NW 80 PL TAMARAC FL	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit	<b>D. KOLONY MONTE</b>
NAME		6.2 NAME	<b>8112 N.W. 93 TERR</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>TAMARAC FL 33321</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Helen Silvers* SIGNATURE REQUIRED *Jean 921-8683*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #