

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90012 049 \*\*\*\*61.25

DOCUMENT # 727003

1. Entity Name

WESTWOOD COMMUNITY FIVE ASSOCIATION, INC. *AL*

A0067952



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8300 NW 93RD AVE  
 TAMARAC FL 33321

Mailing Address

8300 NW 93RD AVE  
 TAMARAC FL 33321

2. Principal Place of Business

8300 NW 93 AVE  
 Suite, Apt. #, etc.

3. Mailing Address

8300 NW 93 AVE  
 Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

TAMARAC FL

4. FEI Number

23-7446541

Applied For

Not Applicable

Zip

33321

Country

BRWD

Zip

33321

Country

BRWD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERS, HELEN  
 8105 NW 96 AVE  
 TAMARAC FL FL 33321

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
 After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	SILVERS, HELEN	
STREET ADDRESS	8105 NW 96TH AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	S	<input type="checkbox"/> Delete
NAME	PICARD, MAJORIE	
STREET ADDRESS	9311 NW 81 MANOR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RABIN, RICHARD	
STREET ADDRESS	9206 NW 81 PL	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELISE, SAM	
STREET ADDRESS	9507 NW 81 CT	
CITY-ST-ZIP	TAMARAC FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HERSH JOSEPH	
STREET ADDRESS	8102 NW 96 AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFMAN, BRUCE	
STREET ADDRESS	8021 NW 95 LN	
CITY-ST-ZIP	TAMARAC FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL BOEKE	
STREET ADDRESS	8100 N.W. 96 TERRA	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONATIello, ISODORO	
STREET ADDRESS	9023 NW 93 AVE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* HELEN SILVERS 7/7/00 954 721-8683  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOC#: 727003

ADD 07952

WESTWOOD COMMUNITY 5 ASSOC. INC.  
8300 N.W. 93rd Avenue  
Tamarac, Florida 33321

This the first form I have  
received —

Also

Add as Director to list

D. PAUL GOCKE  
8100 N.W. 96 TERR  
TAMARAC, FL 33321

D. DONATIELLO, ISODORO  
8023 N.W. 93 AVE  
TAMARAC, FL 33321