

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90022 003 ****61.25

DOCUMENT # 727003

1. Entity Name

WESTWOOD COMMUNITY FIVE ASSOCIATION, INC.

Principal Place of Business

8300 NW 93RD AVE
 TAMARAC FL 33321

Mailing Address

8300 NW 93RD AVE
 TAMARAC FL 33321-1435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7446541

Applied For

Not Applicable

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

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	DEISE, SAM GOCKE PAUL	
STREET ADDRESS	9507 NW 81 CT	
CITY-ST-ZIP	TAMARAC FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HERS, JOSEPH	
STREET ADDRESS	8102 NW 96 AVE TERR	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: HELEN SILVERS, TREAS 2/12/01 954-721-8683
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)