

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90044 035 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

50018716



01112005 Chg-NP CR2E037 (10/03)

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7446541	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RABIN, RICHARD L 9206 NW 81 PLACE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOROWITZ, STANLEY		NAME	Karnesky, Ben	
STREET ADDRESS	9215 NW 83 STREET		STREET ADDRESS	9214 NW 81 Place	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCAS, MICHAEL		NAME	Shaw, Jeffrey	
STREET ADDRESS	9408 NW 80 PLACE		STREET ADDRESS	9205 NW 81 Ct	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABIN, RICHARD		NAME	Chase, Muriel	
STREET ADDRESS	9206 NW 81 PL		STREET ADDRESS	9405 NW 81 Ct	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Lazarone, Gaetano	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, ROBERT		NAME	9509 NW 80 Ct	
STREET ADDRESS	8204 NW 80 STREET		STREET ADDRESS	Tamarac, FL 33321	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENOBLE, LORI		NAME	Lenoble, Lori	
STREET ADDRESS	8206 NW 93RD TERR		STREET ADDRESS	8206 NW 93rd Terr	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, SHIRLEE		NAME	Balino, Charles	
STREET ADDRESS	8021 NW 95 LN		STREET ADDRESS	8212 NW 91 Terrace	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
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 fees empowered.					
SIGNATURE: _____		Date: 2/19/05		Daytime Phone #: 954-530-9005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>RICHARD L. RABIN</i>					