## 727003

•
(Requestor's Name)
(Address)
(Address)
,
(City/Chata/7in/Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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09/15/08--01018--010 \*\*35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORID.

P.A. Change SFP 17 2008

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: Westwood Community 5 Association, inc. (Name of Corporation)					
DOCUMENT NUMBER: 727003					
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.				
Please return all correspondence concerning this matter to the fo	ollowing:				
Ben Karnefsky (Name of Contact Person	son)				
Westwood Community 5 Association, inc. (Firm/Company)					
8300 NW 93 Ave (Address)					
Tamarac, FL 33321 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Ben Karnefsky at (9) (Name of Contact Person)	722-6990 rea Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is s	ubmitted for a corporation organi	2, 607.1508, or 617.1508, Florida St ized under the laws of the State of <u>F</u> red agent, or both, in the State of Flo	lorida	iis ———	_
1. The name of the corp	oration: Westwood Community 5	Association, inc.			
2. The principal office a	ddress: 8300 NW 93 Ave				
Tamarac, FL 3332	1				
3. The mailing address (	(if different): Same				
4. Date of incorporation	/qualification: 01/01/75	Document number: 727003			
5. The name and street a Florida Department of	<u> </u>	gent and registered office on file with	the		
Richa	ard L. Rabin				
9206	NW 81 Place		SEC	08	
Tama	arac, FL 33321		AH A	SEP	T
6. The name and street a (if changed):	address of the new registered agen	at (if changed) and /or registered office	ARY OF	15 PM	m
Ben	Karnefsky		NON VIS	•••	
9214	NW 81 Place		TE AG	· CA	
	(P.O. Box NOT acceptable)				
lama	arac, FL 33321				
as changed will be idea	nticăl.	address of the business office of its	_	-	ent,
Such change was authorized by the board	orized by resolution duly adopted d, or the corporation has been no	d by its board of directors or by an outfield in writing of the change.	officer s	o	
X Ben Farre	flicer or director)	Ben Karnefsky (Printed or typed name and ti	fle)		
I further agree to comp of my duties, and I am document is being filed	pointment as registered agent an	d agree to act in this capacity utes relative to the proper and com igation of my position as registered e registered office address, I hereb	nlete ne	rforma Or, if n that	ince this the
Signature of	Registered Agent)	X 9/11/2008 (Date)			_
If signing on behalf of	an entity:				
Ben Karnefsky (Typed or I	Printed Name)				

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)