

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # 727009**

1. Entity Name  
RIZON WEST ASSOCIATION, INC.



Principal Place of Business  
3581 SOUTH OCEAN BLVD.  
SOUTH PALM BEACH, FL 33480

Mailing Address  
3581 SOUTH OCEAN BLVD.  
SOUTH PALM BEACH, FL 33480



01192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1592205

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SOUSA, DAVID A DR  
3581 S. OCEAN BLVD.  
SOUTH PALM BEACH, FL 33480

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

UNRECORDED  
01/27/05-80004-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
PEREZ, F. HERBERT  
3581 S. OCEAN BLVD.  
S. PALM BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DYSON, BARBARA  
3581 S OCEAN BLVD  
S. PALM BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
DAVIDSON, PENNY  
3581 S. OCEAN BLVD.  
S. PALM BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SMYTH, DALE  
3581 S. OCEAN BLVD.  
S. PALM BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOLLOY, ANN D  
3581 S. OCEAN BLVD.  
PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SOUSA, DAVID A  
3581 S OCEAN BLVD  
SOUTH PALM BEACH, FL 33480

**DO NOT WRITE  
IN THIS SPACE**

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:** *David A. Sousa, President* **DAVID A. SOUSA, PRES.** 1/21/05 (561) 586-6776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #