FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:56

DOCUMENT # 729079 (4)

1. Corporation Name

WESTWOOD COMMUNITY SIX ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O V.I.P. MANAGEMENT CORP P.O. BOX 9454 CORAL SPRINGS FL 33065	C/O V.I.P. MANAGEMENT CORP P.O. BOX 9454 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1974
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1725228 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

V I P MANAGEMENT CORP.
ELAINE B GELLER
2531 ARAGON BLVD,
SUNRISE FL 33322

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Elaine B. Geller Elaine B. Geller
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVINSON, SAM	1.2 NAME		
STREET ADDRESS	8008 NW 106 AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	KATZ, JACK	2.2 NAME		
STREET ADDRESS	8203 N W 103 AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 00000	2.4 CITY-ST-ZIP		
TITLE	XSDXX	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	XXLEIN,XXMXX	3.2 NAME	BARRY, JEAN	
STREET ADDRESS	X8200 NW 105 AVENUEX	3.3 STREET ADDRESS	8206 N.W. 105 AVE	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, AARON	4.2 NAME		
STREET ADDRESS	8100 NW 106 AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	FINKEL, ABE	5.2 NAME		
STREET ADDRESS	8100 NW 106 AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 00000	5.4 CITY-ST-ZIP		
TITLE	Dx	6.1 TITLE		☐ Change ☐ Addition
NAME	xHYATT, ARTHURx	6.2 NAME		
STREET ADDRESS	8201 NW 104 AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 00000	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack B. Hyatt V.P 3-28-95 305-748-0182
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

004041