


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90008 019 ****61.25

002722

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 729079

1. Corporation Name

WESTWOOD COMMUNITY SIX ASSOCIATION, INC.

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/11/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1725228	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

SCHNARTMAN, TRACEY S
VIP MGMT. CORP.
2531 ARAGON BLVD.
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	STD	1.1 TITLE	DIR
NAME	ALLAGREEN, FRANCIE	1.2 NAME	PHILLIP LORINI
STREET ADDRESS	8011 NW TON TERR.	1.3 STREET ADDRESS	10607 NW 83rd ST
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VP	2.1 TITLE	PRESIDENT
NAME	EHRMAN, DIANE	2.2 NAME	EHRMAN, DIANE
STREET ADDRESS	10222 NW 80 CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	DIR
NAME	BARRY, JEAN	3.2 NAME	PENDOLINO, JOHN
STREET ADDRESS	8206 N.W. 105 AVE	3.3 STREET ADDRESS	8103 NW 104 Ave
CITY-ST-ZIP	TAMARAC FL 33321	3.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	TD	4.1 TITLE	VP, T
NAME	MCGARTY, MICHAEL	4.2 NAME	FINKEL, ABE
STREET ADDRESS	10215 N.W. 80 DRIVE	4.3 STREET ADDRESS	8100 NW 106 Ave
CITY-ST-ZIP	TAMARAC FL 33321	4.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	D	5.1 TITLE	DIR
NAME	CHARNEY, JACQUELINE	5.2 NAME	CHAIT, SADIE
STREET ADDRESS	8206 NW 107 AVE.	5.3 STREET ADDRESS	8004 100th
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	D	6.1 TITLE	DR
NAME	BERMAN, LAURETTE	6.2 NAME	NIEDELMAN, SD
STREET ADDRESS	10301 NW 83 ST.	6.3 STREET ADDRESS	10214 NW 80 CT
CITY-ST-ZIP	TAMARAC FL 33321	6.4 CITY-ST-ZIP	TAMARAC FL 33321

14. 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 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, with all other like empowered.

SIGNATURE: **DIANE S. EHRMAN, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/99 (954) 720-3649

CR2E037 (11/98)