2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State
06-20-2001 90014 014 ****61.25

DOCUMENT # 729079

1. Entity Name

WESTWOOD COMMUNITY SIX ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3300 UNIVERSITY DR #405 CORAL SPRINGS FL 33065	3300 UNIVERSITY DR #405 CORAL SPRINGS FL 33065

C0071837 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1725228 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNITED COMMUNITY MGMT 3300 UNIVERISTY DR #405 CORAL SPRINGS FL 33065	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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR Treasurer PHILLIP, LORINI 10607 NW 83 TAMARAC FL 33321	☐ Delete ☑ addition	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Dir. Francie Allagreen 8011 NW 107 Terrace Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EHRMAN, DIANE 10222 NW 80 CT. TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Szish, Nyra 8105 NW 101 Ave Tamarac, FL. 33321 ☐ Change ☐ Addition ☑ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR PENDOLINO, JOHN 8103 NW 104 AVE TAMARAC FL 33321	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP White, Doug 8206 NW 101 Ave Tamarac, FL. 33321 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT FINKEL, ABE 8100 NW 106 AVE TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Shumaker, Dallas 8207 NW 100 Terr Tamarac, FL 33321 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR CHAIT, SADIE 8004 100 TER TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Casolari, ~~MM~~ MJ 8107 NW 103 Ave Tamarac, FL 33321 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIEDELMAN, SID 10214 W 80 CT TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Culhall, Matt 10503 NW 83 St Tamarac FL 33321 ☐ Change ☐ Addition

CR2E037 (10/00)

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: [illegible] REC'D 4/6/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #