2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNOAL	EPORT (AR)	<u></u>	<del></del>	FILE	D	
DOCU 1. Entity Nar	IMENT # 729079	# ਲਾ			Jar 26, 2005 Se Astar	08:0	
WESTWOOD COMMUNITY SIX ASSOCIATION, INC.						R S	
Principal Plac	ce of Business	Mailing Address			NO. 143		*****
8207 NW 107 AVE.		PO BOX 9325		DA'	TE		-
TAMARAC	FL 33321	CORAL SPRINGS FL 33	3075	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ATRIN ARKK NUKER INNIN INII NINIA NINII NIN		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04)			
City & State		City & State		4. FEI Number			
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Add ee Require	
6. Name and Address of Current Registered Agent				7. Name and Add	ress of New Registered Ap	jent	
801	UNIAITMANI TRACEV	Name					
SCHNAITMAN, TRACEY 2531 ARAGON BLVD. SUNRISE FL 33322		Street Address		(P.O. Box Number is Not Acceptable)			
SUNRISE FL 33322						7:- 0-4	
		City			FL FL	Zip Code	
8. The above the obliga	e named entity submits this statement to ations of registered agent	or the purpose of changing its r	egistered office or regist	ered agent, or both, in	the State of Florida. I am fa	miliar with,	and accept
	HI COO a 1	Jelina In	12	3D1	10S		
SIGNATURE	Signature, typed or printed name of registered ageny		<del></del>	<u> </u>			
		and intell approache (NOTE	Registered Agent signature requir	red when re-nstating)	DATE		
	FILE NOW; FEE IS \$61.25 Due By May 1, 2005	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make Check Florida Departn		
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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 cath, that I am an officer or director of the corporation of 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 attrichment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davtime Phot