

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90191 004 ****61.25

50019247



DOCUMENT # 729079 1. Entity Name WESTWOOD COMMUNITY SIX ASSOCIATION, INC.					
Principal Place of Business 8207 NW 107 AVE. TAMARAC, FL 33321			Mailing Address PO BOX 9325 CORAL SPRINGS, FL 33075		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1725228	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHNAITMAN, TRACEY 2531 ARAGON BLVD. SUNRISE, FL 33322				Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				FL Zip Code DATE: 4/28/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENENSON, JAY		NAME		
STREET ADDRESS	10100 NW 83 ST		STREET ADDRESS		
CITY - ST - ZIP	TAMARAC, FL 33321		CITY - ST - ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAKER, DALLAS		NAME		
STREET ADDRESS	8207 NW 100TH TERR		STREET ADDRESS		
CITY - ST - ZIP	TAMARAC, FL 33321		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULHAN, MATT		NAME		
STREET ADDRESS	10503 NW 83RD ST		STREET ADDRESS		
CITY - ST - ZIP	TAMARAC, FL 33321		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALLAGREEN, FRANK	
STREET ADDRESS			STREET ADDRESS	8011 NW 107TH	
CITY - ST - ZIP			CITY - ST - ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete	TITLE	T.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lonni Phil	
STREET ADDRESS			STREET ADDRESS	10607 NW 83ST	
CITY - ST - ZIP			CITY - ST - ZIP	Tamarac FL 33321	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/28/06 <small>Date</small>		