

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90071 005 ****61.25

DOCUMENT # 727003

1. Entity Name

WESTWOOD COMMUNITY FIVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8300 NW 93RD AVE
 TAMARAC, FL 33321

8300 NW 93RD AVE
 TAMARAC FL 33321

B0033896



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7446541

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SILVERS, HELEN
8105 NW 96 AVE
TAMARAC FL FL 33321

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

Helen Silvers

2/12/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	Delete
T	SILVERS, HELEN	8105 NW 96TH AVENUE	TAMARAC FL 33321	<input type="checkbox"/>
S	PICARD, MAJORIE	9311 NW 81 MANOR	TAMARAC FL 33321	<input checked="" type="checkbox"/>
VP	RABIN, RICHARD	9206 NW 81 PL	TAMARAC FL 33321	<input checked="" type="checkbox"/>
D	GOOKE, PAUL	8100 N.W. 96 TERR	TAMARAC FL	<input type="checkbox"/>
P	HERS, JOSEPH	8102 NW 96 AVE	TAMARAC FL	<input type="checkbox"/>
D	HOFMAN, BRUCE	8021 NW 95 LN	TAMARAC FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	BRUCE HOFFMAN	8021 N.W. 95 LANE	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	JOEL SANDBERG	8207 N.W. 93 AVE	TAMARAC FL 33321	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	RICHARD RABIN	9206 N.W. 81 PL	TAMARAC FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	BEN KARNEFSKY	9214 N W 81 PL	TAMARAC FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	JESSE ASSER	8110 NW 93 AVE	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ISADORO DONATIello	8023 NW 93 Av.	TAMARAC FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Helen Silvers* 2/12/02 904 721-8683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)