## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 19, 2007 8:00 am Secretary of State **DOCUMENT # 725924** 1. Entity Name 03-19-2007 90064 038 \*\*\*\*61.25 WESTWOOD COMMUNITY TWO ASSOCIATION, INC. Principal Place of Business Mailing Address 10191 WEST SAMPLE ROAD 10191 WEST SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33065 SUITE 203 CORAL SPRINGS FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 23-7281293 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT KAYE & ASSOCIATES, P.A. 6261 N.W. 6TH WAY Street Address (P.O. Box Number is Not Acceptable) **SUITE 103** FT. LAUDERDALE FL 33309 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete ШЕ ☐ Change ☐ Addition SILVERMAN, LAURA NAME NAME STREET ADDRESS 9606 NW 66TH STREET STREET ADDRESS CHY-ST-ZIP TAMARAC FL 33321 CITY-ST-7IP ECIC VINGLOS HHE ☐ Delete TITLE 🔀 Change Addition NAME MACAULEY, ROBERT 9206 NW 67 ST NAME STREET ADDRESS 6703 WESTWOOD BLVD EAST STREET ADDRESS TAMALAC FL. 33321 CHY-ST-7iP TAMARAC FL 33321 CITY-ST-7IP DIRECTOR IIIIE Delete TITLE Change Addition NAME. NAME HAUPERT, TERESA STREET ADDRESS STREET ADDRESS 9304 NW 66 CT CHY-ST-7IP CHY-ST-ZIP FORT LAUDERDALE FL 33321 TOTE ☐ Defete шц ☐ Change Addition MAME GALIOTO, MICHAEL NAME STREET ADDRESS STREET ADDRESS 6609 NW 93RD AVE CITY-ST-ZIP CHY-ST-ZIP FORT LAUDERDALE FL 33321 MH 67J☐ Delete TITLE □ Change ☐ Addition NAME LAMBOMBARDA, FRANK NAMI STREET ADDRESS STREET ADDRESS 9306 NW 66TH COURT CITY - ST- 7IP TAMARAC FL 33321 CITY-SI-ZIP HHE TITLE □ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 oxocute 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 attackment with an address, with all other like empowered.

FRANK LABOMBARDA

SIGNATURE:

FILED

3/8/07 974 720-0789