

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727003

**FILED**  
**Apr 26, 2017**  
**Secretary of State**  
**CC4905241728**

**Entity Name:** WESTWOOD COMMUNITY FIVE ASSOCIATION, INC.

**Current Principal Place of Business:**

8300 NW 93RD AVE  
TAMARAC, FL 33321

**Current Mailing Address:**

8300 NW 93RD AVE  
TAMARAC, FL 33321

**FEI Number:** 23-7446541

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KARNEFSKY, BEN  
9214 NW 81 PLACE  
TAMARAC, FL 33321 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT & TREASURER  
Name            KARNEFSKY, BEN  
Address        9214 NW 81 PLACE  
City-State-Zip: TAMARAC FL 33321

Title            VP  
Name            LABOMBARDA, TOM  
Address        8201 NW 92 TERRACE  
City-State-Zip: TAMARAC FL 33321

Title            SECRETARY  
Name            GEHR, BROOKE  
Address        8300 NW 93RD AVE  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            BENINCASA, SUSAN  
Address        8300 NW 93RD AVE  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            BALINO, RICK  
Address        8300 NW 93RD AVE  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            BENEDETTO, TONY  
Address        8300 NW 93RD AVE  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            SINCLAIR, ALECIA  
Address        8300 NW 93RD AVE  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            BERGER, ADAM  
Address        8300 NW 93RD AVE  
City-State-Zip: TAMARAC FL 33321

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BEN KARNEFSKY**

**PRESIDENT**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DESILVA, KAREN  
Address        8300 NW 93RD AVE  
City-State-Zip: TAMARAC FL 33321