

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 727003

**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:** Yes

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

KAYE BENDER REMBAUM, P.L.  
1200 PARK CENTRAL BOULEVARD SOUTH  
POMPANO BEACH, FL 33064 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:** MICHAEL BENDER

05/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            DIAZ, FERNANDO  
Address        8300 NW 93RD AVE  
City-State-Zip: TAMARAC FL 33321

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

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

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

Title            DIRECTOR  
Name            HALLAS, JAMES  
Address        8300 NW 93 AVENUE  
City-State-Zip: TAMARAC FL 33321

Title            SECRETARY  
Name            FISCH, RYAN  
Address        8300 NW 93 AVENUE  
City-State-Zip: TAMARAC FL 33321

Title            TREASURER  
Name            FOOTE, MICHAEL  
Address        8300 NW 93RD AVE  
City-State-Zip: TAMARAC FL 33321

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*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:** ROBYN PALMAZ

OFFICE MANAGER

05/11/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OTHER, OFFICE MANAGER  
Name PALMAZ, ROBYN  
Address 8300 NW 93RD AVE  
City-State-Zip: TAMARAC FL 33321