#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 727003** 

Entity Name: WESTWOOD COMMUNITY FIVE ASSOCIATION, INC.

FILED Apr 05, 2018 Secretary of State CC9127236184

Date

## **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:

STEVENS & GOLDWYN, P.A. 2 S. UNIVERSITY DRIVE SUITE 329 PLANTATION, FL 33324 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: BRIAN S. GOLDWYN 04/05/2018

Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title DIRECTOR Title **DIRECTOR** Name VALBUENA, JONATHON Name PELEI. MADISON Address 8300 NW 93RD AVE Address 8300 NW 93RD AVE City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

Title **SECRETARY** Title DIRECTOR COSTA, SARA Name Name ATHERTON, ROY Address 8300 NW 93RD AVE Address 8300 NW 93RD AVE TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321 City-State-Zip:

Title TREASURER Title \

NameFRASCHILLA, PAULNameHARTNETT, JOHNAddress8300 NW 93RD AVEAddress8300 NW 93RD AVECity-State-Zip:TAMARAC FL 33321City-State-Zip: TAMARAC FL 33321

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

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.

VΡ

SIGNATURE: JOHN HARTNETT

Electronic Signature of Signing Officer/Director Detail

04/05/2018

Date