

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **724671** (3)

1. Corporation Name

**LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, INC**

Principal Place of Business

**1141 NW 85TH AVENUE  
PLANTATION FL 33322**

Mailing Address

**1141 NW 85TH AVENUE  
PLANTATION FL 33322**



3. Date Incorporated or Qualified  
**10/30/1972**

3a. Date of Last Report  
**04/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-1655434**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORMAN MARCUS  
8181 WEST BROWARD BLVD.  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Miriam Moshen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VDP** ☐ DELETE  
NAME **HALLE, PHIL**  
STREET ADDRESS **8200 N.W. 13TH STREET**  
CITY-ST-ZIP **PLANTATION, FL 00000 33322**

TITLE **PD** ☐ DELETE  
NAME **MOSHEN, MIRIAM**  
STREET ADDRESS **1121 NW 89TH WAY**  
CITY-ST-ZIP **PLANTATION, FL 00000 33322**

TITLE **T** ☐ DELETE  
NAME **GELLER, SAMUEL E.**  
STREET ADDRESS **8713 NW 11TH STREET**  
CITY-ST-ZIP **PLANTATION, FL 00000 33322**

TITLE **S** ☐ DELETE  
NAME **BYER, JOSEPH**  
STREET ADDRESS **1103 N.W. 89TH AVE.**  
CITY-ST-ZIP **PLANTATION, FL 00000 33322**

TITLE **D 2nd VP** ☐ DELETE  
NAME **STREGER, HARRY**  
STREET ADDRESS **8980 N W 14TH ST**  
CITY-ST-ZIP **PLANTATION, FL 00000 33322**

TITLE **BARBARA STUART ASST SECY** ☐ DELETE **ADD**  
NAME **1278 NW 82 AV**  
STREET ADDRESS **PLANTATION FL 33322**  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SAUL FINKELSTEIN** ☐ Change ☒ Addition  
1.2 NAME **BD MEMBER**  
1.3 STREET ADDRESS **1077 NW 85 TERR**  
1.4 CITY-ST-ZIP **PLANTATION FL 33322**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Miriam Moshen* 1/19/96 305 473-8219

CR2E037 (12/95)