FILED 2004 NOT-FOR-PROFIT CORPORATION Aug 09, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # 724671** 08-09-2004 90011 005 ****61.25 LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, Principal Place of Business Mailing Address 1141 NW 85TH AVENUE 1141 NW 85TH AVENUE PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) Applied For City & State City & State 4. FEI Number 59-1655434 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 MARCUS, ARLINE Street Address (P.O. Box Number is Not Acceptable) 1081 NW 88TH AVE. PLANTATION FL 33322 City Zip Code FI 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 et registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 Delete TITLE TITLE Change Addition GER BER HERING, ABE NAME NAME TERRACE 1431 NW 86 LN B-NW STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP TITI F D Oelete Change ☐ Addition MOSHEN, MIRIAM NAME NAME 1121 NW 89TH AVENUE STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP 1 VPD ARCUS ☐ Delete TITLE Addition TITLE MARCUS, ARLINE NAME 1081 NW 88 AVENUE STREET ADDRESS STREET ADDRESS *つ*ょろうつつ PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete JANSEN, EDWARD C NAME NAME 8591 N.W. 17TH PLACE STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 3333 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition GERBIER, PHYLLIS NAME NAMÉ

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS 1728 NW 85 TENACE

1997

PLANTATION FL 33322

Delete

954-473-8219

☐ Change

☐ Addition