## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # 724671  1. Entity Name LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, INC.							05-02-2005 90436 040 ****61.25			
Principal Place of Business 1141 NW 85TH AVENUE PLANTATION, FL 33322				Mailing Address 1141 NW 85TH AVENUE PLANTATION, FL 33322						
2. Principal Place of Business			3. Ma	3. Mailing Address						
Suite, Apt. #, etc.			S	uite, Apt. #, etc.		01252005	Chg-NP	CR2E037 (10/03)		
City & State			C	ity & State	<u>-</u>	4. FEI Numbe 59-165	5434	j	pplied For ot Applicable	
Zip						untry	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							7. Name and	Address of New	Registered Agent	
MARCUS, ARLINE 1081 NW 88TH AVE. PLANTATION, FL 33322						Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)  Street Address (P. O. Box Numbers S. Noi Acceptable)				
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 of registered ages.  SIGNATURE  SIGNATURE  SIGNATURE										
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating)  DATE ,										
Filing Fee is \$61.25 9. Election Campa Due by May 1, 2005 Trust Fund Cont							\$5.00 May B Added to Fees		Make check payable t vida Department of S	
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHA	ANGES TO OFFIC	ERS AND DIRECTORS IN	V 10
NAME STREET ADDRESS CITY-ST-ZIP	1	, PHYLLIS 85 TERRACE 10N, FL		Delete			RNANE 20 NG	OF THE WAR	6 N	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8525 NW	, RICHARD 12 ST ION, FL 33322		Delete		1 L	EVY 1 24 N	PAUL W 150	+ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	ARLINE 85TH AVE 10N, FL 33322	,	Delete Delete		· · · · · · · · · · · · · · · · · · ·	ROWN, 55, N.	·	Change 7. P.C. 12 2. 333	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVY, PA 8224 NW	UL		Delete		1 < -	UART 78-Ni	BARE	PARA Change AUE 4. 3337	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SOROKIN 1540 NW PLANTAT	•		Delete		J2 //	PARCY!	Wash	INE Change 1,3339	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSSER, 8565 NW PLANTAT			Delete		',	USSER 565 N	yw 12	Change Ch	Addition
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 ill changed, or on an attachment with an address, with all other like empowered.										