

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90103 038 ****61.25

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DOCUMENT # 724671

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1655434**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MOSHEN, MIRIAM
1121 N.W. 89TH WAY
PLANTATION FL 33322-5018**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 agent.

SIGNATURE

Miriam Moshen

9/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	3VP	<input checked="" type="checkbox"/> Delete
NAME	LEVY, PAUL	
STREET ADDRESS	8224 NW 15 CT	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	3VPD	<input type="checkbox"/> Delete
NAME	MOSHEN, MIRIAM	
STREET ADDRESS	1121 NW 89TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	3VPD	<input type="checkbox"/> Delete
NAME	MARCUS, ARLINE	
STREET ADDRESS	1081 NW 88 AVENUE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	P	<input type="checkbox"/> Delete
NAME	JANSEN, EDWARD C	
STREET ADDRESS	8591 N.W. 17TH PLACE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CERISANO, LEONARD	
STREET ADDRESS	1020 NW 85 TERRACE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	1ST VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLINE MARCUS	
STREET ADDRESS	1431 NW 86 LANE	
CITY-ST-ZIP	PLANTATION 33322	
TITLE	PHILLIS GERBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIS GERBER	
STREET ADDRESS	5500 NW 85 TERRACE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

Arline Marcus

*904
ARLINE MARCUS 423-2526*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #

CR2E037 (4-03)