2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am Secretary of State

| DOCUMENT # 727003 1. Entity Name WESTWOOD COMMUNITY FIVE ASSOCIATION, INC. | | | | | 02-18-2008 9001 5 028 ****61.25 | | | |
|---|---|--|---|---|--|---|--|--|
| Principal Place of Business Mailing Address 8300 NW 93RD AVE 8300 NW 93RD AVE TAMARAC, FL 33321 TAMARAC, FL 33321 | | | | URIO BOIH ERRED ION DIDI | A STATE OF THE STA | Hini da 1901 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02122008 CF | ng-NP (| CR2E037 (12/06) | | |
| City & State | | City & State | | 4. FEI Number 23-744654 | 1 | | oplied For of Applicable | |
| Zip | Country | Zīp | Country | 5. Certificate of St | atus Desired | See Require | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| RARIN RICAHRO I | | | Name | Name | | | | |
| RABIN, RICAHRD L 9206 NW 81 PLACE TAMARAC FL, FL 33321 | | | Street Addr | ress (P.O. Box Number is I | (P.O. Box Number is Not Acceptable) | | | |
| | • | | City | | | Zip Code | Δ | |
| | named entity submits this statement f | | .1 1 | | | FL | | |
| - | ions of registered agent. | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | st and title if applicable. (NOTE: | Registered Agent signature n | required when reinstating) | | DATE | ······ | |
| SIGNATURE | | | paign Financing | \$5.00 May Be | | check payable to | | |
| | Signature, typed or printed name of registered ager Filling Fee is \$61.25 | 9. Election Cam Trust Fund C | npaign Financing ontribution. | \$5.00 May Be | Fiorida | check payable to Department of St | tate | |
| 10. TIMLE | Filling Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND D | 9. Election Cam Trust Fund C | paign Financing ontribution. | \$5.00 May Be Added to Fees | Fiorida | check payable to Department of St | tate | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: 🚄

SIGNATURE AND TYPED OR PRINTED MANE OF BIGNING OFFICER OR DIRECTOR

21708

954-933-2016

Date

Daytime Phone ∉