

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727650

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** WESTWOOD COMMUNITY FOUR ASSOCIATION, INC.

**Current Principal Place of Business:**

9200 N.W. 70TH STREET  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

9200 N.W. 70TH STREET  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 23-7446255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CANNIZZARO, JOSEPH  
9200 NW 70 ST  
TAMARAC, FL 33321 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: IGNIZIO, JUSTIN  
Address: 9106 NW 72 ST  
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: VPD  
Name: FLEXMAN, ELLEN  
Address: 7004 93 AVE  
City-St-Zip: TAMARAC, FL 33321

Title: TD  
Name: RUTHERFORD, JOSEPH  
Address: 7203 NW 92 AVE  
City-St-Zip: TAMARAC, FL 33321

Title: PD  
Name: CANNIZZARO, JOSEPH  
Address: 9108 NW 72 ST  
City-St-Zip: TAMARAC, FL 33321

Title: SD  
Name: TORRES, MADELINE  
Address: 9407NW 70 PL  
City-St-Zip: TAMARAC, FL 33321

Title: D  
Name: REALE, MINNIE  
Address: 7207 NW 92 AVE  
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH V CANNIZZARO

PRES

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date