

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90085 046 \*\*\*\*61.25

**DOCUMENT # 746019**

1. Entity Name  
**GREAT WESTERN HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**PHOENIX MANAGEMENT SERVICES**  
**SUITE E250**  
**LAUDERDALE LAKES, FL 33319**

Mailing Address  
**4780 N. STATE RD 7**  
**PLANTATION, FL 33324** **US**

2. Principal Place of Business - No P.O. Box #  
**4800 N State Rd 7**  
Suite, Apt. #, etc.  
**F-105**

3. Mailing Address  
**4800 N State Rd 7**  
Suite, Apt. #, etc.  
**F-105**

City & State  
**Lauderdale Lakes, FL**  
Zip  
**33319** Country  
**USA**

City & State  
**Lauderdale Lakes, FL**  
Zip  
**33319** Country  
**USA**

04092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1934042**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GOLDBERG, SHELDON**  
**PHOENIX MANAGEMENT SERVICES**  
**4780 N. STATE RD 7 SUITE E250**  
**LAUDERDALE LAKES, FL 33319**

**7. Name and Address of New Registered Agent**

Name **Goldberg, Sheldon**  
Street Address (P.O. Box Number is Not Acceptable)  
**Phoenix Management Services**  
**4800 N State Rd 7 # F-105**  
City **Lauderdale Lakes** **FL** Zip Code **33319**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	SCHRAGER, MARLENE	
STREET ADDRESS	8945 SW 6TH CRT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HADDAD, SUSAN	
STREET ADDRESS	8950 SW 6TH CRT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARROW, MARLA	
STREET ADDRESS	8951 SW 6TH CRT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PINES, HEIDI	
STREET ADDRESS	8990 SW 6TH CRT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, DON	
STREET ADDRESS	8960 SW 6TH COURT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:** *Marlene Schrager* - MARLENE SCHRAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/07 954-370-0003*

Date Daytime Phone #