

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746019

FILED  
Feb 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4800 N. STATE RD. 7  
SUITE F105  
LAUDERDALE LAKES, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

4800 N. STATE RD. 7  
SUITE F105  
LAUDERDALE LAKES, FL 33319 US

**New Mailing Address:**

**FEI Number:** 59-1934042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDBERG, SHELDON  
PHOENIX MANAGEMENT SERVICES  
4800 N. STATE RD. 7 #F-105  
LAUDERDALE LAKES, FL 33319 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: PD ( ) Delete  
Name: SCHRAGER, MARLENE  
Address: 8945 SW 6TH CRT  
City-St-Zip: PLANTATION, FL 33324

Title: VPD ( ) Delete  
Name: HADDAD, SUSAN  
Address: 8950 SW 6TH CRT  
City-St-Zip: PLANTATION, FL 33324

Title: SD ( ) Delete  
Name: ARROW, MARLA  
Address: 8951 SW 6TH CRT  
City-St-Zip: PLANTATION, FL 33324

Title: TD ( ) Delete  
Name: PINES, HEIDI  
Address: 8990 SW 6TH CRT  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: KOVACS, LINDA  
Address: 8960 SW 6TH COURT  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARLENE SCHRAGER

PD

02/13/2009

Electronic Signature of Signing Officer or Director

Date