


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

FILED

03 JAN 30 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747784**
1. Entity Name
Westview Condominium Association No. Five, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3300 University Drive Suite, Apt. #, etc. #405		3. Mailing Address 3300 University Drive Suite, Apt. #, etc. #405	
City & State Coral Springs Fl.		City & State Coral Springs, Fl.	
Zip 33065	Country USA	Zip 33065	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1998821		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name United Community Management Corp			
Street Address (P.O. Box Number is Not Acceptable) 3300 University Drive # 405			
City Coral Springs		FL	Zip Code 33065

**DO NOT WRITE
IN THIS SPACE**

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] UNITED COMMUNITY MGT CORP. 1/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hoercher, Jackie 1640 NW 93 Ave Pembroke Pines, Fl 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300011195459 01/29/03--01104--001 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Babor, Jerome 1560 NW 94 Terr Pembroke Pines, Fl 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Taylor, Annilee 1590 NW 94 terrace Pembroke Pines, Fl 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(i), 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 on an attachment with an address, with all other those empowered.

SIGNATURE: [Signature] JEROME BABOR 1/26/03 954-441-1593
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037B (12/02)

2/1/03

NOT-FOR-PROFIT CORPORATION Uniform Business Report (UBR) Instructions

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING
THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.

Reminder:

1. Information must be typed or printed in ink and legible.
2. Signature in Block 12.
3. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Florida Department of State.) This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.

- Block 1. Enter the name and document number of the corporation. You cannot change the name on this form. You must file an amendment to change the name.
- Block 2. Enter the principal place of business address in Block 2.
- Block 3. Enter the mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" was previously reported to this office, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. Only one certificate can be issued at the time of the uniform business report filing.
- Block 6. **DO NOT MAKE ANY MARKS IN BLOCK 6.**
- Block 7. The law requires that each entity have a Registered Agent with a Florida street address. A P.O. Box or mail service is not acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can. Enter the agent's name and address in block 7. There is no additional fee to change the Registered Agent on this form.
- Block 8. A new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the Registered Agent of record is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating on this form.**
- Block 9. Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 9 and include an additional \$5.00 with the filing fee.
- Block 10. Enter the current Officers/Directors in Block 10. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=President, V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. A FLORIDA NOT-FOR-PROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" OR "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR, INDICATING ANOTHER OFFICER TITLE IS NOT SUFFICIENT. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: if officer or director's address is confidential pursuant to Section 119.07(3)(l), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.
- Block 11. **PLEASE DO NOT MAKE ANY MARKS IN BLOCK 11.**
- Block 12. This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10 or on an attachment with a street address. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

Mail to:

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Other Correspondence Address:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Internet Address:
www.sunbiz.org

Courier Address: (overnight delivery)
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Phone: (850) 488-9000
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/ revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

**UNITED
COMMUNITY**
Management Corp.



3300 University Drive, #405, Coral Springs, FL 33065
(954) 752-8119 • (561) 637-2991 • (305) 944-8447 • Fax (954) 752-3352

January 24, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

RE: Westview Condominium Association No, Five, Inc.
Document #747784

Dear Sirs:

Attached is a copy of cancelled check #5029 in the amount of \$61.25, along with a copy of the URB which was sent for 2002.

We have been told the form was returned to us two times, once for FEI number, and signature of the registered agent, and the second time for the signature of the registered agent.

We had complied and returned the form via the post office only to find that it was not received back by your office.

Please remove the reinstatement fee, and reinstate the corporation.

Also enclosed is the report for 2003.

Should you have any questions regarding this matter, please feel free to contact the undersigned.

Very truly yours,

UNITED COMMUNITY MANAGEMENT CORP.
Agents for Westview Condominium Association No. Five, Inc.

A handwritten signature in cursive script that reads 'Renee Kattawar'.

Renee Kattawar, LCAM
Vice President of Finance

RK:eg

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER THAT IS SENSITIVE TO CHEMICAL ALTERATION

SouthTrust Bank
63- 943/631
Coral Springs, Fl. 33065

658178

CHECK NO. CHECK DATE VENDOR NO.

005029 04/18/02 4999

CHECK AMOUNT

\$*****61.25

Westview Condominium Assoc #5

SIXTY-ONE AND 25/100 DOLLARS*****

PAY TO THE ORDER OF
DEPARTMENT OF STATE

Annelle D. [Signature]
MP
MP
AUTHORIZED SIGNATURE

⑈005029⑈ ⑈063109430⑈ ⑈70641059⑈ ⑈0000006125⑈

FOR SECURITY, THIS DOCUMENT CONTAINS MICRO PRINTING IN SIGNATURE LINE AND A TRUE WATERMARK. COBACK HOLD TO LIGHT TO VIEW.

⑈005029⑈ ⑈063109430⑈ ⑈70641059⑈ ⑈0000006125⑈

ENDORSE HERE

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

MAY 13 2002

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

2145 69553

MAY 22 02

C46

C 704020999 9732
CLEARINGHOUSE WORK
140037097 8211 05000

6740688943

BANK OF AMERICA, N.A. - JAY
100300007 18326 06 NEJ
05/22/02

6740688943

E 704020999 9732 17 052202

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DOCUMENT #
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Name
United Community Mgmt Corp
 Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr #405

City *Coral Springs* FL Zip Code *33065*

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Guzman, Ana 9260 NW 15 Ct Pembroke Pines, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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SIGNATURE *John R. ...* *J. ...* *...* *...*