

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90047 045 \*\*\*\*61.25

**DOCUMENT # 758105**

1. Entity Name  
**WESTWINDS ON THE GREEN CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**11530 STATE RD 84  
DAVIE, FL 33325 US**

Mailing Address  
**11530 STATE RD 84  
DAVIE, FL 33325 US**

40096550



03092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2169998**

Applied For  
Not Applicable

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

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

**WEST BROWARD PROPERTY MANAGEMENT INC  
11530 ST RD 84  
DAVIE, FL 33325**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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	P	<input type="checkbox"/> Delete
NAME	BUQUERAS, CARLOS	
STREET ADDRESS	111 S.W. 94TH TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HORWITZ, SUZAANE	
STREET ADDRESS	121 S.W. 94TH TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BULLEN-STARK, BARBARA	
STREET ADDRESS	141 S.W. 94TH TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARAMILLO, CARLOS	
STREET ADDRESS	41 SW 94TH TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARMAN, EVELYNNE A	
STREET ADDRESS	1815 W 94 TERRACE	
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
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
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:**

*Barbara Bullen Stark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

Daytime Phone #