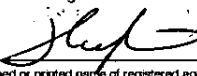


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90020 020 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                    |                                                              |                                                                                                                                                                                                                    |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N43178</b><br>1. Entity Name<br><b>WESTFIELD ESTATES HOMEOWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                                    |                                                              |                                                                                                                                   |                                                                              |
| Principal Place of Business<br><b>19200 SW 54TH PL<br/>FT LAUDERDALE, FL 33332 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                                                                    |                                                              | Mailing Address<br><b>19200 SW 54TH PL<br/>FT LAUDERDALE, FL 33332 US</b>                                                                                                                                          |                                                                              |
| 2. Principal Place of Business<br><b>5655 SW 192 way</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | 3. Mailing Address<br><b>5655 SW 192 way</b><br>Suite, Apt. #, etc.                |                                                              |                                                                                                                                  |                                                                              |
| City & State<br><b>Southwest Ranches, Fla</b><br>Zip<br><b>33332</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | City & State<br><b>Southwest Ranches, Fl</b><br>Zip<br><b>33332</b>                |                                                              | 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                                                                                             |                                                                              |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        | Country<br><b>USA</b>                                                              |                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>BRAGGS, DOTTY<br/>19200 SW 54TH PL<br/>FT LAUDERDALE, FL 33332</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                    |                                                              | 7. Name and Address of New Registered Agent<br>Name <b>Wanda Rivera</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5655 SW 192 way</b><br>City <b>Southwest Ranches, FL</b> Zip Code <b>33332</b> |                                                                              |
| 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  <b>President</b> DATE <b>2/10/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                                    |                                                              |                                                                                                                                                                                                                    |                                                                              |
| <b>Filing Fee is: \$61.25</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                              | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                 |                                                                              |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                    |                                                              |                                                                                                                                                                                                                    |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                    | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                                                                                                                    |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P/D<br>NEWELL, CARLA<br>5855 SW 192ND WAY<br>FORT LAUDERDALE, FL 33332 | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | P/D<br>RIVERA, Wanda<br>5655 SW 192 way<br>Southwest Ranches, Fl. 33332                                                                                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPD<br>BRAGG, DOTTY<br>19200 SW 54 PL<br>FORT LAUDERDALE, FL 33332     | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | V/O<br>MORRIS, George<br>5155 SW 192 way<br>Southwest Ranches, Fl. 33332                                                                                                                                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STD<br>CRAIG, DENNIS<br>19200 SW 54TH PL<br>FORT LAUDERDALE, FL 33332  | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | T/O LAMAL, Linda<br>5555 SW 192 way<br>Southwest Ranches, Fl. 33332                                                                                                                                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S/O<br>Lisa Knee<br>5455 SW 192 way<br>Southwest Ranches, Fl. 33332    | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | S/O<br>Lisa Knee<br>5455 SW 192 way<br>Southwest Ranches, Fl. 33332                                                                                                                                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S/O<br>Lisa Knee<br>5455 SW 192 way<br>Southwest Ranches, Fl. 33332    | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | S/O<br>Lisa Knee<br>5455 SW 192 way<br>Southwest Ranches, Fl. 33332                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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. |                                                                        |                                                                                    |                                                              |                                                                                                                                                                                                                    |                                                                              |
| <b>SIGNATURE:</b>  <b>2/10/04</b> <b>954-4348353</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                    |                                                              |                                                                                                                                                                                                                    |                                                                              |