


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90068 033 ****61.25

DOCUMENT # N43178	
1. Entity Name WESTFIELD ESTATES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 5655 SW 192 WAY FT LAUDERDALE, FL 33332 US	Mailing Address 5655 SW 192 WAY FT LAUDERDALE, FL 33332 US
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DO NOT WRITE IN THIS SPACE

50017918



02142005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RIVERA, WANDA
5655 SW 192 WAY
FT LAUDERDALE, FL 33332**

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____


Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P/D	RIVERA, WANDA 5655 SW 192 WAY FORT LAUDERDALE, FL 33332
TITLE VPD	MORRIS, GEORGE 5755 SW 192 WAY FORT LAUDERDALE, FL 33332
TITLE TD	CANAL, LINDA 5555 SW 192 WAY FORT LAUDERDALE, FL 33332
TITLE SD	KNEE, LISA 5955 SW 192 WAY FORT LAUDERDALE, FL 33332
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **8/17/05** **9844348353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #