

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005737 (0)**

1. Corporation Name

WESTWOOD COMMUNITY TWO, INC.



Principal Place of Business

Mailing Address

**6604 NORTHWEST 95TH AVENUE
TAMARAC FL 33321**

**6604 NORTHWEST 95TH AVENUE
TAMARAC FL 33321**

3. Date Incorporated or Qualified
12/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

15-0653509

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, EDWARD
6603 NORTHWEST 67TH COURT
TAMARAC FL 33321**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALFIERI, JUNE	
STREET ADDRESS	9703 N.W. 68TH COURT	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FLEISCHER, RUTH	
STREET ADDRESS	9517 N.W. 68TH ST.	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAVITCH, BETTY	
STREET ADDRESS	6605 N.W. 98TH AVE.	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEAVER, JOE	
STREET ADDRESS	6610 N.W. 98TH AVE.	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWERS, DANIEL	
STREET ADDRESS	6596 WESTWOOD BLVD. W.	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSTRUM, WINIFRED	
STREET ADDRESS	6612 N.W. 95TH AVENUE	
CITY - ST - ZIP	TAMARAC FL 33321	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Bernard Venter</i>
1.3 STREET ADDRESS	<i>9100 N.W. 67th Av.</i>
1.4 CITY - ST - ZIP	<i>Tamarac, FL 33321</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700001863947
6.3 STREET ADDRESS	-06/17/96--01047--049
6.4 CITY - ST - ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth Fleischer - Treasurer
Ruth Fleischer

4/30/96

Daytime Phone #

CR2E037 (12/95)

5/1/96