

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 # **N30663** (1)
1. Corporation Name
WESTWOOD COUNTRY ESTATES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 3579 SW CORNELL AVE. P.O. BOX 1833 STUART FL 34995
Mailing Address: 3579 SW CORNELL AVE. P.O. BOX 1833 STUART FL 34995

3. Date Incorporated or Qualified: 02/13/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 65-0205967 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: CRARY, LAWRENCE E. III, 555 S.W. COLORADO AVENUE, SUITE 1, STUART FL 34994
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD NAME: FILIPE, BRASILINO STREET ADDRESS: 9660 S. OCEAN DR. CITY-ST-ZIP: JENSEN BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE: D 1.2 NAME: Brasilino Filipe 1.3 STREET ADDRESS: 9960 S. Ocean Drive #403 1.4 CITY-ST-ZIP: Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: CORREIA, EDUARDO STREET ADDRESS: 9550 SW OCEAN DR. CITY-ST-ZIP: JENSEN BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: FILIPE, PAUL STREET ADDRESS: 5153 SE LISBON CIR CITY-ST-ZIP: STUART FL	<input type="checkbox"/> DELETE	3.1 TITLE: D/P 3.2 NAME: Paul Filipe 3.3 STREET ADDRESS: P.O. Box 1186 3.4 CITY-ST-ZIP: Palm City, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: D/V 4.2 NAME: Frank Speciale 4.3 STREET ADDRESS: 1111 So. Ocean Blvd #120 4.4 CITY-ST-ZIP: Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: D/S 5.2 NAME: Jose Covas 5.3 STREET ADDRESS: 129 Knickerbocker Avenue 5.4 CITY-ST-ZIP: Bohemia, NY 11716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: 3-11-96 Daytime Phone #: _____

CR2E037 (12/95)