

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30663 (1)**  
1. Corporation Name  
**WESTWOOD COUNTRY ESTATES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>3579 SW CORNELL AVE. P.O. BOX 1833 STUART FL 34995</b>	Mailing Address <b>3579 SW CORNELL AVE. P.O. BOX 1833 STUART FL 34995</b>
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3. Date Incorporated or Qualified  
**02/13/1989**

4. FEI Number  
**65-0205967**

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>1083</b>
22 City & State	27 <b>SW KENTS AVE</b>
23 Zip	28 <b>Palm City, FL</b>
24 Country	29 <b>34990</b>
	30 <b>MARTIN</b>

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  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	<b>William F Crary II</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>555 Colorado Ave / Suite 1</b>
83 City	<b>STUART</b>
84 City	<b>Palm City</b>
85 Zip Code	<b>34994</b>

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] DATE: **3-08-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRASILINO, FILIPE</b>	
STREET ADDRESS	<b>9900 S OCEAN DR #403</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>COVAS, JOSE</b>	
STREET ADDRESS	<b>129 KNICKERBOCKER AVE</b>	
CITY-ST-ZIP	<b>BOHEMA NY</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>FILIFE, PAUL</b>	
STREET ADDRESS	<b>P.O. BOX 1186 N/A</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>SPECIALE, FRANK</b>	
STREET ADDRESS	<b>1111 S OCEAN BLVD #120</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Pres./Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RICHARD COIFFRETT</b>	
1.3 STREET ADDRESS	<b>1083 SW KENTS AVE</b>	
1.4 CITY-ST-ZIP	<b>Palm City FL, 34990</b>	
2.1 TITLE	<b>VICE Pres./Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JOSEPH ZANGEL</b>	
2.3 STREET ADDRESS	<b>1082 SW KENTS AVE</b>	
2.4 CITY-ST-ZIP	<b>Palm City, FL, 34990</b>	
3.1 TITLE	<b>VICE President / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>FILIFE - PAUL</b>	
3.3 STREET ADDRESS	<b>P.O. BOX 1186 N/A</b>	
3.4 CITY-ST-ZIP	<b>Palm City FL, 34990</b>	
4.1 TITLE	<b>Sec.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DONNA CRARY / Director</b>	
4.3 STREET ADDRESS	<b>722 SW KENTS AVE</b>	
4.4 CITY-ST-ZIP	<b>Palm City, FL 34990</b>	
5.1 TITLE	<b>Treas.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JANET Lindsey / Director</b>	
5.3 STREET ADDRESS	<b>1167 SW KENTS AVE</b>	
5.4 CITY-ST-ZIP	<b>Palm City, FL 34990</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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] **03-06-98 561-781-0704**

CR2E037 (10/97)