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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N30663

1. Corporation Name

WESTWOOD COUNTRY ESTATES PROPERTY OWNERS ASSOCIATION, INC.

199902-90123-40

Principal Place of Business

3579 SW CORNELL AVE.  
 P.O. BOX 1833  
 STUART FL 34995

Mailing Address

1083 SW KEATS AVE  
 PALM CITY FL 34990  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/13/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0205967

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRARY, II W  
 555 COLORADO AVE  
 STE 1  
 STUART FL 34994

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIUFFREDA, RICHARD	
STREET ADDRESS	1083 SW KEATS AVE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ZANGER, JOSEPH	
STREET ADDRESS	1082 SW KEATS AVE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FILIFE, PAUL	
STREET ADDRESS	P.O. BOX 1186 N/A	
CITY-ST-ZIP	PALM CITY FL 34991	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CRARY, DONNA	
STREET ADDRESS	222 SW KEATS AVE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LINSEY, JANET	
STREET ADDRESS	1162 SW KEATS AVE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD ROGERS, JOHN
2.3 STREET ADDRESS	34 SE 82 AVE
2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD HARDCASTLE, BRUCE
4.3 STREET ADDRESS	1142 SW KEATS AVE
4.4 CITY-ST-ZIP	PALM CITY FL 34990
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	
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)(l), 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, with all other like empowered.

SIGNATURE: *Richard Giuffreda* RICHARD GIUFFREDA PD-02-04-99-561-781-0704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)