

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90012 034 ****61.25

0083951

DOCUMENT # N30663

1. Entity Name

WESTWOOD COUNTRY ESTATES PROPERTY OWNERS ASSOCIA

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

927887



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0205967

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME GIUFFREDA, RICHARD Delete
 STREET ADDRESS 1083 SW KEATS AVE
 CITY-ST-ZIP PALM CITY FL 34990

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME ROGERS, JOHN
 STREET ADDRESS 3741 COGUINA COVE WAY APT 105
 CITY-ST-ZIP PALM CITY FL 34990

TITLE TD Change Addition
 NAME ROGERS, JOHN
 STREET ADDRESS 1123 SW KEATS AVE
 CITY-ST-ZIP PALM CITY, FLORIDA 34990

TITLE SD Delete
 NAME BERTOLINI, TOM
 STREET ADDRESS 562 SW KEATS AVE
 CITY-ST-ZIP PALM CITY FL 34990

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP Delete
 NAME FILIPP, PAUL
 STREET ADDRESS 1103 SW KENTS AVE
 CITY-ST-ZIP PALM CITY FL 34990

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME LINDSEY, JANET
 STREET ADDRESS 1162 SW KEATS AVE
 CITY-ST-ZIP PALM CITY FL 34990

TITLE VPD Change Addition
 NAME LINDSEY, JANET
 STREET ADDRESS 1182 SW KEATS AVE
 CITY-ST-ZIP PALM CITY FLORIDA 34990

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Richard Giuffreda* 03-06-2001-561-781-0704
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)