

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90212 021 \*\*\*\*61.25

<b>DOCUMENT # N38256</b>	
1. Entity Name <b>WESTWOOD CONDOMINIUM ASSOCIATION, INC.</b>	



Principal Place of Business <b>600 N. WICKHAM ROAD MELBOURNE, FL 32935-5746</b>	Mailing Address <b>600 N. WICKHAM ROAD MELBOURNE, FL 32935-5746</b>
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**94073580**



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03222004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3027972</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>SPACE COAST PROPERTY MGT. 1617 COOLING AVE. MELBOURNE, FL 32935</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEAN, JAMES			NAME	JAMES DEAN		
STREET ADDRESS	588 N. WICKHAM RD. #52			STREET ADDRESS	588 N. WICKHAM RD. #52		
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEE, MARY J			NAME			
STREET ADDRESS	590 N WICKHAM ROAD #29			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THEROUX, PHIL			NAME	PHIL THEROUX JR.		
STREET ADDRESS	598 N WICKHAM RD #29			STREET ADDRESS	598 N. WICKHAM RD. #29		
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CABANISS, HENRY			NAME	DETE CABANISS		
STREET ADDRESS	594 N. WICKHAM RD. #7			STREET ADDRESS	590 N. WICKHAM RD. #7		
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNULTY, JAMES			NAME			
STREET ADDRESS	594 N. WICKHAM RD. #8			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** PHILIP F. THEROUX JR., VPRES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04 321-259-5442  
Date Daytime Phone #