

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30663

FILED
Apr 22, 2008
Secretary of State

Entity Name: WESTWOOD COUNTRY ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1083 SW KEATS AVE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2294
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 65-0205967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONAN, ELIZABETH P.A.
ROYAL PALM FINICAL CENTER
759 SOUTH FEDERAL HWY, STE. 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIUFFREDA, RICHARD
Address: 1083 SW KEATS AVE
City-St-Zip: PALM CITY, FL 34990

Title: TD () Delete
Name: MOEHRING, MICHAEL
Address: PO BOX 427
City-St-Zip: PALM CITY, FL 34991

Title: SD () Delete
Name: MENDOCHA, DENISE
Address: 582 SW KEATS
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: RODGERS, JOHN
Address: 1123 SW KEATS
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Delete
Name: CANN, TOM
Address: 1167 THOREAU CT
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RODGERS, JOHN
Address: 1123 SW KEATS
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Change () Addition
Name: CANN, TOM
Address: P.O. BOX 2294
City-St-Zip: PALM CITY, FL 34991

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MOEHRING

TD

04/22/2008

Electronic Signature of Signing Officer or Director

Date