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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 30 AM 10:51

DOCUMENT # **720856** **(4)**

1. Corporation Name
WESTWOOD CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O H. MESSERSCHMITT 4313 WESTWOOD DR. HOLIDAY FL 34691-1759	C/O H. MESSERSCHMITT 4313 WESTWOOD DR. HOLIDAY FL 34691-1759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/03/1971**
3a. Date of Last Report: **03/08/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MESSERSCHMITT, HAROLD
4313 WESTWOOD DR.
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name: WILLIAM E. GREER
82 Street Address (P.O. Box Number is Not Acceptable): 4234 CANTERBERRY DR.
83
84 City: HOLIDAY FL 85 Zip Code: 34691

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: William E. Greer
(Signature must be 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	D	11 TITLE	☐ Change ☐ Addition
NAME	IMHOFF, MARTY	12 NAME	
STREET ADDRESS	4017 WESTWOOD DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HEINZE, HELEN	22 NAME	
STREET ADDRESS	4220 WESTWOOD DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 00000	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☑ Change ☐ Addition
NAME	MESSERSCHMITT, HAROLDD	32 NAME	T WILLIAM E. GREER
STREET ADDRESS	4313 WESTWOOD DR.	33 STREET ADDRESS	4234 CANTERBERRY DR,
CITY-ST-ZIP	HOLIDAY, FL 00000	34 CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	GRAVES, THELMA	42 NAME	
STREET ADDRESS	4213 CANTERBERRY DR	43 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☑ Change ☐ Addition
NAME	ALLAN, MICHAEL	52 NAME	V THOMAS IAMS
STREET ADDRESS	4212 CANTERBERRY DR	53 STREET ADDRESS	4136 Westwood DR,
CITY-ST-ZIP	HOLIDAY FL	54 CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	GETZ, ROBERT	62 NAME	
STREET ADDRESS	4209 WESTWOOD DR	63 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William E. Greer 3-21-95 1-813-937-5317
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR (Date) (Daytime Phone #)