

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 720856 (4)

1. Corporation Name

WESTWOOD CIVIC ASSOCIATION, INC.

Principal Place of Business

C/O H. MESSERSCHMITT
4313 WESTWOOD DR.
HOLIDAY FL 34691-1759

Mailing Address

C/O H. MESSERSCHMITT
4313 WESTWOOD DR.
HOLIDAY FL 34691-1759

3. Date Incorporated or Qualified
05/03/1971

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O ROBERT C. GETZ

26 C/O ROBERT C. GETZ

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 Suite, Apt. #, etc.
4209 WESTWOOD DRIVE

27 Suite, Apt. #, etc.
4209 WESTWOOD DRIVE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
HOLIDAY, FL 34691

28 City & State
HOLIDAY, FL 34691

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
34691

25 Country
PASCO

29 Zip
34691

30 Country
PASCO

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREER, WILLIAM E
4234 CANTERBERRY DR
HOLIDAY FL 34691

81 Name
CHARLOTTE GETZ

82 Street Address (P.O. Box Number is Not Acceptable)
4209 WESTWOOD DRIVE

83

84 City
HOLIDAY

FL

85 Zip Code
34691

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 ROBERT C. GETZ (P)

Robert C. Getz Charlotte Getz 04-10-96

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 D ☒ DELETE
NAME IMHOFF, MARTY
STREET ADDRESS 4017 WESTWOOD DRIVE
CITY-ST-ZIP HOLIDAY, FL 00000

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME MRS. MARGARET ZEIDLER
1.3 STREET ADDRESS 3204 HAVER LANE
1.4 CITY-ST-ZIP HOLIDAY, FL 34691

TITLE D ☐ DELETE
NAME HEINZE, HELEN
STREET ADDRESS 4220 WESTWOOD DRIVE
CITY-ST-ZIP HOLIDAY, FL 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☒ DELETE
NAME GREER, WILLIAM E
STREET ADDRESS 4234 CANTERBERRY DR
CITY-ST-ZIP HOLIDAY, FL 00000

3.1 TITLE T (pro tem) ☒ Change ☐ Addition
3.2 NAME CHARLOTTE GETZ
3.3 STREET ADDRESS 4209 WESTWOOD DRIVE
3.4 CITY-ST-ZIP HOLIDAY, FL 34691

TITLE S ☐ DELETE
NAME GRAVES, THELMA
STREET ADDRESS 4213 CANTERBERRY DR
CITY-ST-ZIP HOLIDAY FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME IAMS, THOMAS
STREET ADDRESS 4136 WESTWOOD DR
CITY-ST-ZIP HOLIDAY FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME GETZ, ROBERT
STREET ADDRESS 4209 WESTWOOD DR
CITY-ST-ZIP HOLIDAY FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: ROBERT C. GETZ (P)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Getz

Date

04-10-96

Daytime Phone #

CR2E037 (12/95)