Z6       NOT APPLICABLE       N         Suite, Apt. #, etc.       Suite, Apt. #, etc.       S. Certificate of Status Desired       \$8,75         City & State       City & State       S. Certificate of Status Desired       \$5,000         City & State       City & State       S. Election Campaign Financing       \$5,000         Zip       Country       Zip       Country       Added         25       29       30       Filorida Statutes       Yes         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       81         GETZ, CHARLOTTE       82       Street Address (P.O. Box Number is Not Acceptable)       83	
ANNUAL REPORT 1997 Secretary of Sate DVISION C COPORATIONS COMMENT # 720856 (4) Secretary of Sate DVISION C COPORATIONS COMMENT # 720856 (4) Secretary of Sate DVISION C COPORATIONS COMMENT # 720856 (4) Secretary of Sate DVISION C COPORATIONS Secretary of Sate Secretary of Secretary Secretary of Sate Secretary of Sate Secretary of Secretary Secretary of Secre	
1997       Construction Control Contro Control Control Control Contro Control Control Control	
Concentration Name         Versite           WESTWOOD CIVIC ASSOCIATION, INC.         Image: Concentration Name         Image: Concentration Name           Coppetition Concentration Name         Concentration Name         Image: Concentration Name         Image: Concentration Name           Coppetition Name         Concentration Name         Concentration Name         Image: Concentration Name         Image: Concentration Name           Subject         Concentration Name         Concentration Name         Subject         Image: Concentration Name         Image: Concentratio	iuiv
colpat Place of Business Mailing Address   0 ROBERT C. GET2 C/C ROBERT C. GET2   4200 WESTWOOD DR. 4200 WESTWOOD DR.   10 RULDAY FL 34691-1759 3a. Date of Last F   0 Clip A State 2a.   11 Run Certain College 3a. Date of Last F   12 Run Certain College 2a.   12 Run Certain College 1a.   12 Run Certain Certain College 3a.   13 Run Certain Certai	
Openet of Business       Mailing Address       C/D ROBERT C. GETZ       C/D ROBERT C. GETZ         OP ROBERT C. GETZ       C/D ROBERT C. GETZ       C/D ROBERT C. GETZ       C/D ROBERT C. GETZ         OP ROBERT C. GETZ       C/D ROBERT C. GETZ       C/D ROBERT C. GETZ       C/D/T RI J Meth 1735         JUDAT FL JWERT TJ99       Setter Address       4. FEI NUTHOR TO PULICABLE       Not         Principal Place of Business       2a. Mailing Address       4. FEI NUTHOR TO PULICABLE       Not         Suite. Apt #, etc.       27       Suite. Apt #, etc.       5. Centificate of Status Desired       Fee R         Z/D       Country       Zip       Country       8. Centificate of Status Desired       Fee R         Z/D       Country       Zip       Country       8. Centificate of Status Desired       Fee R         S. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         GeTZ, CHARLOTTE       Stote Address of Stote Stote Stote Status Desired       Stote Address of New Registered Agent       Stote Address of New Registered Agent         Builde of robust in the Statu of Florids Stote Address Agent Agent address of Current Registered Agent       10. Name and Address of New Registered Agent         GeTZ, CHARLOTTE       Stote Address of New Registered Agent       10. Name and Address of New	A FARTA IN FIGURE AND IN
OpeRefri C. Getz 9 WESTWOOD DR. HOLDAY FL 346911735       C/O ROBERT C. Getz 4508 WESTWOOD DR. HOLDAY FL 346911735       3. Date incorporated or Qualified 05/03/1971       3e. Date of Last F 04/17/11         Thincipal Pace of Business       2a. Mailing Address 2a. Mailing Address       4. FEI NUTOR 2a. Mailing Address 2a. Mailing Address 2b. Neme and Address of Current Registered Agent 3b. Matheware advectore of directors 1 hereby sceept the appointment of the pupple 3b. Charles of the pupple 3b. Matheware advectore of directors 1 hereby sceept the appointment of the pupple 3b. Charles of the	
IDDAY FL 34691-1759     HOLDAY FL 34691-1755       3. Date incorporated or Qualified Obj(X01971     3a. Date of Last F Obj(X1971       Thrippint Pace of Business     2a. Mailing Address     4. FEI Mumber NOT APPLICABLE     A       Suite, Apt #, etc.     2a     Suite, Apt #, etc.     5. Certificate of Shub Desired     56.       Zity & State     2a     Country     2a     5. Certificate of Shub Desired     56.       Zity & State     2a     Country     2a     5.     Certificate of Shub Desired     56.       App     Country     2a     2a     Country     8.     The compagin Financing     State       9.     Aac     Country     2a     Country     8.     The compagin Financing     State       9.     Name and Address of Current Registered Agent     10.     Name and Address of New Registered Agent     10.     Name and Address of New Registered Agent       6ETZ, CHARLOTTE     92     Street Address (P.O. Box Number is Not Acceptable)     58     57.       Pursuent to the provisions of Sections 617 0502 and 617 1508. Florids Statutes, the above named corporation's board of directors. I hereby accept the appointment of agent and statement for the purpose of hearging of the appointment of agent agent and state agent agent agent agent and state agent agent age	
Op/Indept Prace of Business         2n.         Mailing Address         4. FEI Number PULCABLE         A           Suite. Apt #, etc.         2ei         Suite. Apt #, etc.         Suite. Apt #, etc.         2ei         A. FEI Number PULCABLE         A           Dute. Apt #, etc.         2ei         Suite. Apt #, etc.         B. Certificate of Status Desired         \$eiterst         \$eiterst         \$eiterst         Address           City & State         Country         E. Certificate of Status Desired         \$eiterst         \$eiterst         \$eiterst         \$eiterst         Address           P         Country         2p         Country         E. This corporation has bability for inangible tax under # Address of New Registered Agent         \$eiterst Address of New Registered Agent         \$eiterst Address of New Registered Agent           GET2, CHARLOTTE         2p         Street Address (P.O. Box Number is Not Acceptable)         \$eiterst Address (P.O. Box Number is Not Acceptable)           GeT4, CHARLOTTE         2p         Street Address (P.O. Box Number is Not Acceptable)         \$eiterst Address (P.O. Box Number is Not Acceptable)           GeT4, CHARLOTTE         10 Name was addroted by the corporation submits this statement for the purposed of hanging address (P.O. Box Number is Not Acceptable)         \$eiterst Address (P.O. Box Number is Not Acceptable)           GeT42, CHARLOTTE         10 Name         \$eiterst Address	eport
Suite, Apt. #, etc.     Bailing, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     NOT APPLICABLE     NOT APPLICABLE       City & State     Suite, Apt. #, etc.     27     S. Certificate of Status Desired     \$8,75       City & State     Country     28     Country     8. This corporation has hability for intangible fax under results Statutes     West Status       7p     Country     29     30     Point Status Statutes     West Status       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     11. Name       GET2, CHARLOTTE     200     Street Address (P.O. Box Number is Not Acceptable)       200 VESTWOOD DR.     10. Name and Address of Current Registered Agent       HOUDAY FL 34691     84     City     FL     85       201 City Country     28     No     FL     85       202 WESTWOOD DR.     84     City     FL     85       203 City Country     30     Statutes     Interpretation submits this statement for the purpose of changing agent i ant familer with, and accept the obligations of Section 617.1500, Florida Statutes     10     Name and of directors. I hereby accept the applicable       NATURE     D     Corpic Registered Agent directors     11     11     Status       203 Change Agent directors     13     ADDITIONSICHANGES TO OFFICER AND DIRECTORS <t< td=""><td>996</td></t<>	996
Image: State intervent in	pplied For ot Applicable
City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country City Country Zip Country Zip Country City Country Zip Country Zip Country City Country Zip Country Zip Country City Country Zip Country City Country Zip Country City Country City Country Zip Country City Country Zip Country City Country Zip Country City Country	Additional equired
Zip     Country     Zip     Country     8. This corporation has lability for imangible tax under a Florida Statutes       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       0ETZ, CHARLOTTE     10. Name and Address of New Registered Agent       420 WESTWOOD DR.     10. Name and Address of New Registered Agent       HOLIDAY FL 34691     10. Name and Address of New Registered Agent       41     Name       9. Name and Address of Sactions 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent or both, in the State of Florida, Such Change was submited by the corporation's board of directors. I hereby accept the eppointment at agent. and and accept the oblights of Sactions 617.0502 and 617.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the eppointment at agent. and and accept the oblights of Sactions 617.0502 and 617.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the eppointment at agent. and mains with, and accept the oblights of Sactions 617.0502 and 617.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the oblights of Sactions 617.0502 and 617.1508. Florida Statutes, the above-named adent emintering       NATURE     Image: Saction of Sactions 617.0502 and 617.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the oblights of Sactions 617.0502 and 617.1508. Florida Statutes, the above-named adent eminities       Image: Saction of Sactions 617.0502 and 617.1508. Florida Statutes, the above-named adent eminities     Image: Sacov	May Be to Fees
S. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent     10. Name     11. Name and Address of New Registered Agent     11. Name     11. Name and Address of New Registered Agent     11. Name     11. Name and Address of New Registered Agent     11. Name     11. N	
GETZ, CHARLOTTE 4209 WESTWOOD DR. HOLIDAY FL 34691       B         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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing agent. Lam familiar with, and accept the obligations of. Section 617.0503, Florida Statutes.         NATURE       Streat Address (P.O. Box Number is Not Acceptable)         Stipulate: spint or preter name of endinal such change was authorized by the corporation submits this statement for the appointment at agent. Lam familiar with, and accept the obligations of. Section 617.0503, Florida Statutes.         NATURE       OFFICERS AND DIRECTORS         Stipulate: spint or preter name of experiment agent and agent and agent and agent apent apent apent apent approximation submits this statement for the purpose of changing agent. Lam familiar was, and accept the obligations of. Section 617.0503, Florida Statutes.         NATURE       OFFICERS AND DIRECTORS       13.         Streat Address       13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       13.         Streat Address       13.         PULDAY FL 34691       14.00000         Change       24.00000         E AUDRESS       33.00000         Streat Address       33.00000         E AUDRESS       33.00000         Streat Address       33.00000	
4209 WESTWOOD DR.       B3         HOLIDAY FL 34691       B3         Fursuant to the provisions of Sections 617 0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing, agent 1 am familiar with, and accept the obligations of. Section 617.0503, Florida Statutes.         NATURE       Image: Corporation submits this statement for the purpose of changing, agent 1 am familiar with, and accept the obligations of. Section 617.0503, Florida Statutes.         NATURE       Image: Corporation submits this statement for the purpose of changing.         OFFICERS AND DIRECTORS       13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       13.         Statutes.       3204 HAVER LN.         Statutes.       13 STREE ADDRESS         Statutes.       13 STREE ADDRESS         Statutes.       23 STREE ADDRESS         Statutes.       23 STREE ADDRESS         Statutes.       23 STREE ADDRESS         Statutes.       33 STREE ADDRESS	
PULSUATIFIE Sections of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing office or registered agent, and accept the obligations of Section 617.0503, Florida Statutes.  NATURE  Supartice, byed or preted name of registered agent and tile if applicable  OFFICERS AND DIRECTORS  I O O OFFICERS AND DIRECTORS  I O OFFICERS AND DIRECTORS  I O O OFFICERS AND DIRECTORS  I O O OFFICERS AND DIRECTORS  I O OFFICERS AND DIRECTORS  I O OFFICERS AND DIRECTORS  I O OFFICERS AND DIRECTORS  I O O OFFICERS AND DIRECTORS  I O O OFFICERS AND DIRECTORS  I O O OFFICERS AND DIRECTORS  I O OFFICERS AND DIRECTORS  I O OFFICERS AND OFFICERS AND OFFICERS  I O O O O OFFICERS AND OFFICE I O O OFFICERS AND OFFICERS  I O O O OFFICERS AND OFFICERS  I O O O OFFICERS I O O O O O O O O O O O O O O O O O O	
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 office or registered agent, or both, in the State of Florida. Such change was authorade by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of. Section 617.0503, Florida Statutes.         NATURE       Stip-alme, bond or proted rame of ingletered agent and the # applicable       (MCIE: Registered Agent appalier required when reinstaing)       DME         OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTO       E         Image: transmitter of protest rame of ingletered agent and the # applicable       (MCIE: Registered Agent appalier required when reinstaing)       DME         OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTO       E         Image: transmitter of protest rame of ingletered agent and the # applicable       (MCIE: Registered Agent appalier required when reinstaing)       DME         Image: transmitter of transmitter of transmitter of the applicable       (MCIE: Registered Agent applicable transmitter of the applicable transmitte	
INATURE       Defice routing of registered agent and tille if applicable       (NOTE: Registered Agent signature required when relensating)       DATE         OFFICERS AND DIRECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO         E       D       DELETE       1.1 TITLE       Change         E       ZEIDLER, MARGARET       1.2 NAME       Change       Change         S3204 HAVER LN.       1.3 STREET ADDRESS       Change       Change         -S1-2P       HOULDAY FL 34691       1.4 CitY-S1-ZiP       Change         E       D       DELETE       2.1 TitLe       Change         FT ADDRESS       4220 WESTWOOD DRIVE       2.3 STREET ADDRESS       Change         -S1-2iP       HOULDAY, FL 00000       2.4 CitY-S1-ZiP       Change         E       D       DELETE       3.1 TitLe       Change         -S1-2iP       HOULDAY, FL 00000       2.4 CitY-S1-ZiP       Change         E       D       DELETE       3.1 TitLe       Change         S1-2iP       HOULDAY, FL 34691       3.4 CitY-S1-ZiP       Change         S1-2iP       GRAVES, THELMA       4.2 STREET ADDRESS       Change         S1-2iP       DELETE       4.1 TitTLE       Change </th <th>Code</th>	Code
E       D       DELETE       1.1 TITLE       Change         E       ZEIDLER, MARGARET       12 NAME       13 STREET ADDRESS       Change         ST-ZIP       HOLIDAY FL 34691       14 CITV-ST-ZIP       Change         E       D       DELETE       21 TITLE       Change         E       D       DELETE       21 TITLE       Change         E       HEINZE, HELEN       22 NAME       23 STREET ADDRESS       Change         -S1-ZIP       HOLIDAY, FL 00000       2.4 CITY-ST-ZIP       Change         E       D       DELETE       31 TITLE       Change         F1 ADDRESS       4220 WESTWOOD DRIVE       2.3 STREET ADDRESS       Change         -S1-ZIP       HOLIDAY, FL 00000       2.4 CITY-ST-ZIP       Change         E       D       DELETE       31 TITLE       Change         E       ADDRESS       4220 WESTWOOD DRIVE       33 STREET ADDRESS	
action       13 STREET ADDRESS         ST-2/P       HOLIDAY FL 34691         D       DELETE         D       DELETE         HEINZE, HELEN       22 NAME         et ADDRESS       4220 WESTWOOD DRIVE         ST-2/P       HOLIDAY, FL 00000         Et ADDRESS       4220 WESTWOOD DRIVE         ST-2/P       HOLIDAY, FL 00000         Et ADDRESS       4220 WESTWOOD DRIVE         ST-2/P       D         D       DELETE         ST-2/P       HOLIDAY, FL 00000         Et ADDRESS       4220 WESTWOOD DRIVE         ST-2/P       D         D       DELETE         ST-2/P       Change         St-2/P       33 STREET ADDRESS         4220 WESTWOOD DRIVE       33 STREET ADDRESS         -ST-2/P       33 STREET ADDRESS         -ST-2/P       34 CITY-ST-2/P         S       DELETE         S       DELETE         GRAVES, THELMA       4 2NAME         et ADDRESS       4213 CANTERBERRY DR         + ST-2/P       4 CITY-ST-2/P         V       DELETE       51 TITLE         V       DELETE       51 TITLE         I AMS, THOMAS       52	Addition
-ST-2iP       HOLIDAY FL 34691       14 City-ST-2iP         D       DELETE       21 Title         E       HEINZE, HELEN       22 NAME         ET ADDRESS       4220 WESTWOOD DRIVE       23 STREET ADDRESS         -ST-2iP       HOLIDAY, FL 00000       2.4 City-ST-2iP         D       DELETE       31 Title         E       HEINZE, HELEN       32 NAME         E       D       DELETE       31 Title         E       HEINZE, HELEN       32 NAME         E       HEINZE, HELEN       33 STREET ADDRESS         -ST-2iP       HOLIDAY FL 34691       34 City-ST-2iP         E       GRAVES, THELMA       420 WESTWOOD DRIVE         -ST-2iP       HOLIDAY FL 34691       34 City-ST-2iP         S       DELETE       41 Title         E       GRAVES, THELMA       4 2 NAME         E1 ADDRESS       4213 CANTERBERRY DR       43 STREET ADDRESS         -ST-2iP       HOLIDAY FL       44 City-ST-2iP         V       DELETE       51 Title         E       IAMS, THOMAS       52 NAME         E1 ADDRESS       4136 WESTWOOD DR       53 STREET ADDRESS	
E       HEINZE, HELEN       22 NAME         ET ADDRESS       4220 WESTWOOD DRIVE       23 STREET ADDRESS         -ST-2iP       HOLIDAY, FL 00000       2.4 CITY-ST-ZiP         C       D       DELETE         B       DELETE       31 TITLE         Change       32 NAME         ET ADURESS       4220 WESTWOOD DRIVE         -ST-2iP       HOLIDAY, FL 34691         S       4220 WESTWOOD DRIVE         -ST-2iP       HOLIDAY FL 34691         S       DELETE         S       DELETE         GRAVES, THELMA       4.2 NAME         ET ADDRESS       4213 CANTERBERRY DR         -ST-2iP       HOLIDAY FL         V       DELETE         V       DELETE         V       DELETE         V       DELETE         ST-2iP       HOLIDAY FL         4136 WESTWOOD DR       53 STREET ADDRESS	
ET ADDRESS       4220 WESTWOOD DRIVE       2.3 STREET ADDRESS         -S1-2iP       HOLIDAY, FL 00000       2.4 CITY-ST-ZiP         E       D       DELETE       3.1 TITLE         E       HEINZE, HELEN       3.2 NAME         RT ADDRESS       4220 WESTWOOD DRIVE       3.3 STREET ADDRESS         -ST-2iP       HOLIDAY FL 34691       3.4 CITY-ST-ZIP         E       S       DELETE       4.1 TITLE         E       S       DELETE       4.1 TITLE         E       GRAVES, THELMA       4.2 NAME         EET ADDRESS       4213 CANTERBERRY DR       4.3 STREET ADDRESS         -ST-2iP       HOLIDAY FL       4.4 CITY-ST-ZIP         E       V       DELETE       5.1 TITLE         E       V       DELETE       Change         -ST-2iP       HOLIDAY FL       4.1 STREET ADDRESS         -ST-2iP       HOLIDAY FL       4.1 CITY-ST-ZIP         E       V       DELETE       5.1 TITLE         E       V       DELETE       5.1 TITLE         E       V       DELETE       5.1 TITLE         E       IAMS, THOMAS       5.3 STREET ADDRESS         EET ADDRESS       4136 WESTWOOD DR       5.3 STREET ADDRESS	
D       DELETE       3.1 TITLE       Change         E       HEINZEE, HELEN       3.2 NAME       3.3 STREET ADDRESS         4220 WESTWOOD DRIVE       3.3 STREET ADDRESS       3.4 CITY - ST - ZIP         S       HOLIDAY FL 34691       3.4 CITY - ST - ZIP         S       DELETE       4.1 TITLE         S       DELETE       4.1 TITLE         GRAVES, THELMA       4.2 NAME         et ADDRESS       4213 CANTERBERRY DR         -ST - ZIP       HOLIDAY FL         V       DELETE         I DELETE       5.1 TITLE         V       DELETE         I DELETE       5.1 TITLE         V       DELETE         I DELETE       5.1 TITLE         I DELETE       5.1 TITLE         I ADDRESS       4136 WESTWOOD DR	Addition
E       HEINZE, HELEN       32 NAME         4220 WESTWOOD DRIVE       33 STREET ADDRESS         -st-ziP       HOLIDAY FL 34691       34. CITY-ST-ZIP         S       DELETE       4.1 TITLE         GRAVES, THELMA       4.2 NAME         ET ADDRESS       4213 CANTERBERRY DR         -st-ziP       HOLIDAY FL         HOLIDAY FL       4.4 CITY-ST-ZIP         V       DELETE         Street ADDRESS         -st-ziP       HOLIDAY FL         U       DELETE         4.1 TITLE         Change         e       GRAVES, THELMA         ET ADDRESS       4213 CANTERBERRY DR         -st-ziP       HOLIDAY FL         V       DELETE         E       I DELETE         V       DELETE         Street ADDRESS       4136 WESTWOOD DR         Statef ADDRESS       53 STREET ADDRESS	Addition
-ST-2iP         HOLIDAY FL 34691         3.4 CITY-ST-2iP           E         S         DELETE         4.1 TITLE         Change           E         GRAVES, THELMA         4.2 NAME         4.2 NAME           L'ET ADDRESS         4213 CANTERBERRY DR         4.3 STREET ADDRESS         -           -ST-2iP         HOLIDAY FL         4.4 CITY-ST-2iP         -           E         V         DELETE         5.1 TITLE         Change           E         IAMS, THOMAS         5.2 NAME         5.3 STREET ADDRESS           L'ET ADDRESS         4136 WESTWOOD DR         5.3 STREET ADDRESS         -	
S     DELETE     4.1 TITLE     Change       E     GRAVES, THELMA     4.2 NAME     4.2 NAME       ET ADDRESS     4213 CANTERBERRY DR     4.3 STREET ADDRESS       -ST-ZIP     HOLIDAY FL     4.4 CITY-ST-ZIP       E     V     DELETE     5.1 TITLE       E     IAMS, THOMAS     5.2 NAME       ET ADDRESS     4.136 WESTWOOD DR     5.3 STREET ADDRESS	Addition
LET ADDRESS         4213 CANTERBERRY DR         43 STREET ADDRESS           -ST-ZIP         HOLIDAY FL         44 CITY-ST-ZIP           E         V         DELETE         51 TITLE           E         IAMS, THOMAS         52 NAME           4136 WESTWOOD DR         5.3 STREET ADDRESS	
- ST-ZIP         HOLIDAY FL         4.4 CITY-ST-ZIP           E         V         DELETE         5.1 TITLE           E         IAMS, THOMAS         5.2 NAME           EEF ADDRESS         4136 WESTWOOD DR         5.3 STREEF ADDRESS	
E V DELETÉ 5.1 TITLE Change E IAMS, THOMAS 52 NAME EE r ADDRESS 4136 WESTWOOD DR 5.3 STREET ADDRESS	Addition
ET ADDRESS 4136 WESTWOOD DR 5.3 STREET ADDRESS	Addition
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EET ADDRESS 4209 WESTWOOD DR 6.3 STREET ADDRESS	Addition
r-st-zip HOLIDAY FL 6.4 City-st-zip	Addition
. I do 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 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 un tarm 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	Addition
appears in Block 12 or Block 13 if changed, or on an attachment with an address.	Addition