

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720856** (4)

1. Corporation Name  
**WESTWOOD CMC ASSOCIATION, INC.**

Principal Place of Business <b>C/O ROBERT C. GETZ 4209 WESTWOOD DR. HOLIDAY FL 34691-1759</b>	Mailing Address <b>C/O ROBERT C. GETZ 4209 WESTWOOD DR. HOLIDAY FL 34691-1759</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/03/1971</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**GETZ, CHARLOTTE  
4209 WESTWOOD DR.  
HOLIDAY FL 34691**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ZEIDLER, MARGARET</b>
STREET ADDRESS	<b>3204 HAVER LN.</b>
CITY-ST-ZIP	<b>HOLIDAY FL 34691</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HEINZE, HELEN</b>
STREET ADDRESS	<b>4220 WESTWOOD DRIVE</b>
CITY-ST-ZIP	<b>HOLIDAY, FL 00000</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HEINZE, HELEN</b>
STREET ADDRESS	<b>4220 WESTWOOD DRIVE</b>
CITY-ST-ZIP	<b>HOLIDAY FL 34691</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GRAVES, THELMA</b>
STREET ADDRESS	<b>4213 CANTERBERRY DR</b>
CITY-ST-ZIP	<b>HOLIDAY FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>IAMS, THOMAS</b>
STREET ADDRESS	<b>4136 WESTWOOD DR</b>
CITY-ST-ZIP	<b>HOLIDAY FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>GETZ, ROBERT</b>
STREET ADDRESS	<b>4209 WESTWOOD DR</b>
CITY-ST-ZIP	<b>HOLIDAY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Elsie OchAP</b>
3.3 STREET ADDRESS	<b>4203 WESTWOOD DR</b>
3.4 CITY-ST-ZIP	<b>HOLIDAY FL 34691</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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** *Robert C. Getz* 3-20-98 813-842-7764

CR2E037 (10/97)