

FILE NOW: FILING FEE IS \$61.25

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90038 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720856

1. Corporation Name
WESTWOOD CIVIC ASSOCIATION, INC.

Principal Place of Business C/O ROBERT C. GETZ 4209 WESTWOOD DR. HOLIDAY FL 34691-1759	Mailing Address C/O ROBERT C. GETZ 4209 WESTWOOD DR. HOLIDAY FL 34691-1759
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country 30	3. Date Incorporated or Qualified 05/03/1971 4. FEI Number NOT APPLICABLE Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEIDLER, MARGARET	1.2 NAME	
STREET ADDRESS	3204 HAVER LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINZE, HELEN	2.2 NAME	
STREET ADDRESS	4220 WESTWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHAP, ELSIE	3.2 NAME	
STREET ADDRESS	4203 WESTWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, THELMA	4.2 NAME	
STREET ADDRESS	4213 CANTERBERRY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IAMS, THOMAS	5.2 NAME	
STREET ADDRESS	4136 WESTWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETZ, ROBERT	6.2 NAME	
STREET ADDRESS	4209 WESTWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	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, with all other like empowered.

SIGNATURE: Robert C. Getz **REQUIRED** 5-10-99 737-842-7764
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (1/98)