

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727509 (2)

1. Corporation Name
WESTWOOD 17 CIVIC ASSOCIATION, INC.

Principal Place of Business 6900 N. W. 77 STREET TAMARAC FL 33321	Mailing Address 6900 N. W. 77 STREET TAMARAC FL 33321-5242
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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	3. Date Incorporated or Qualified 09/20/1973	3a. Date of Last Report 04/17/1996
		4. FEI Number 23-7352882	Applied For <input type="checkbox"/> 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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAVID HELMS, DAVID 7213 N.W. 76TH PLACE TAMARAC FL 33321	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELMS, DAVID	1.2 NAME	FRED RODRIGUEZ
STREET ADDRESS	7213 N.W. 76TH PLACE	1.3 STREET ADDRESS	6905 NW 76th DR
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRISON, LOIS	2.2 NAME	MARGO KOSAL
STREET ADDRESS	7014 N.W. 72ND WAY	2.3 STREET ADDRESS	6900 NW 76th CT
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LACOMARINO, BARBARA	3.2 NAME	SILVIA SCHWEIGER
STREET ADDRESS	6805 N.W. 77TH ST.,	3.3 STREET ADDRESS	6904 NW 76th DR.
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS, WALTER	4.2 NAME	ISOLA ELLIOTT
STREET ADDRESS	7211 NW 76TH PLACE	4.3 STREET ADDRESS	7612 NW 68th WAY
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, ALICE	5.2 NAME	
STREET ADDRESS	7604 N.W. 68TH TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADAU, MILTON	6.2 NAME	
STREET ADDRESS	7614 N.W. 71ST AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	

14. 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 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: *David Helms*

CR2E037 (9/96)