NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

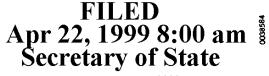
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 727509

1. Corporation Name

WESTWOOD 17 CIVIC ASSOCIATION, INC.

Adailing Address



04-22-1999 90024 041 ****61.25

i ilicipai i idoc	e of Business	Maling Address			
6900 N. W. 77 TAMARAC FL 3		6900 N. W. 77 STREET TAMARAC FL 33321			
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	<u> </u>		· · .	2 = 1	 1
2. Principal Pl	lace of Business .	2a. Mailing Address		3. Date Incorporated or Qualifed 09/20/1973	
21 "		26			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22	<u> </u>	27		23-7352882	Not Applicable
City & State	е	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
23	<u></u>	28			
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30	0[Trust Fund Contribution	Added to Fees
	9. Name and Address of Current	Registered Agent	04 1	10. Name and Address of New Reg	istered Agent
	11/4 5	3	81 Name	LEVIN, NATE	
HELMS, DAIVD 7213 N.W 76TH PLACE TAMARAC FL 33321 Tomuse FL 33322 81 Name 82 Street A 72 12 N. W 16 Tay 83 TA				Idress (P.O. Box Number is Not Acceptable)	
	78TH PLACE Nacc	han der the	7 لـ م	SIN NW 71 CH	<u> </u>
TAMARAC	FI 33321 72	12 N. W 76 CA	, 83 4	AMARAG. FLORIA	ن أ
1741040	7	- // 233	84 City	HMARAC, FRUITIE	85 Zip Code
	10	muser	194 0119		- FL <i> 333 ン/</i>
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named	corporation submits this statement for the pu pration's board of directors. I hereby accept t	rpose of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida, Such change was auth ions of Section 617 0503, Florid	horized by the corpo	oration's board of directors. I hereby accept to	ne appointment as registered
	1 - 3 - 1 - 4	0,, 000,01 0,, 100,00, 100,00	10-	A to	1-12-98
SIGNATURE	Signature, typed or printed name of registered agent	l and title if applicable. (NOTE: R	egistered Agent signature re		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE	-	Change Addition :
NAME	LEVIN, NATE		1.2 NAME	•) :
STREET ADDRESS	7212 NW 76TH CT		1.3 STREET ADDRESS	•	· .
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP		
TITLE-	VP /	DELETE	2.1 TITLE	W.P.	Change Addition
NAME	HELMS, DAVID	- / - 120,	2.2 NAME	Broken Circh R. YiP	
STREET ADDRESS	X=.:. =			JUST WEIGE IS I'V	
	TAMARAC FL 33321		■ 7.3 STREET AUURESST	LUCK NOW 76TH DRI	VE
CITY-ST-ZIP	I IAMADAU EL 3332 I		2.3 STREET ADDRESS	SOMWEICER, YIP 69.04 NW. 76TH DRI	13321
TITLE !		□ DELETE	2.4 CITY-ST-ZIP	TAMARAC, FL.	75
TITLE	S	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	TAMARAC, FL. 3	3321
NAME	S BERSON, NORMA	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	TAMARAC FL. 3	3321
NAME STREET ADDRESS	S BERSON, NORMA 7207 NW 77TH AVE	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	TAMARAC, FL. 3	3321
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	S BERSON, NORMA 7207 NW 77TH AVE TAMARAC FL 33321 T ARNOLD, ALICE 7604 NW 66TH TERR		2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	TAMARAC, FL. 3	Change Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

TAMARAC FL