

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

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

0038584

DOCUMENT # 727509

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/20/1973

4. FEI Number

23-7352882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HELMS, DAVID
7213 N.W. 76TH PLACE
TAMARAC FL 33321

Nathan Levin
7212 N.W. 76th Ct.
Tamarac FL 33321

10. Name and Address of New Registered Agent

81 Name

LEVIN, NATE

82 Street Address (P.O. Box Number is Not Acceptable)

7212 NW 76th Ct.

83

TAMARAC, FLORIDA

84 City

FL

85 Zip Code

33321

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

LEVIN, NATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS LEVIN, NATE
CITY-ST-ZIP 7212 NW 76TH CT
TAMARAC FL 33321

TITLE ☒ DELETE

NAME VP
STREET ADDRESS HELMS, DAVID
CITY-ST-ZIP 7213 NW 76TH PLACE
TAMARAC FL 33321

TITLE ☐ DELETE

NAME S
STREET ADDRESS BERSON, NORMA
CITY-ST-ZIP 7207 NW 77TH AVE
TAMARAC FL 33321

TITLE ☐ DELETE

NAME T
STREET ADDRESS ARNOLD, ALICE
CITY-ST-ZIP 7604 NW 66TH TERR
TAMARAC FL 33321

TITLE ☐ DELETE

NAME D
STREET ADDRESS SWEIGER, SILVIA
CITY-ST-ZIP 6904 NW 76TH DR
TAMARAC FL 33321

TITLE ☐ DELETE

NAME T
STREET ADDRESS ELLIOTT, ISOLA
CITY-ST-ZIP 7612 NW 68 WAY
TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE RECEIVED

DATE 1-13-99

(954) 726-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (1/98)