

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727509

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LEVIN, NATE  
7212 NW 76 CT  
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

Durant, Mae

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

6811 N.W. 77th St.

City

Tamarac

FL

Zip Code  
33321

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVIN, NATE 7212 NW 76TH CT TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWEIGER, YIP 6904 NW 76 DR TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERSON, NORMA 7207 NW 77TH AVE TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARNOLD, ALICE 7604 NW 66TH TERR TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEIGER, SILVIA 6904 NW 76TH DR TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLIOTT, ISOLA 7612 NW 68 WAY TAMARAC FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. Durant, Mae 6811 N. W. 77th St. Tamarac, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Elliott, Isola 7612 N.W. 68th Way Tamarac, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kenny, Mary 7612 N.W. 68th Way Tamarac, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bickoff, Norma 7202 N.W. 76th Dr. Tamarac, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schweiger, Silvia 6904 N. W. 76th Dr. Tamarac, FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Douglas, Walter 7211 N. W. 76th Pl. Tamarac, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mae F Durant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 15, 2001 8:00 am  
Secretary of State

03-15-2001 90199 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

3/13/01 954-726-1002