

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727509

FILED
Jan 06, 2005
Secretary of State

Entity Name: WESTWOOD 17 CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

6900 N. W. 77 STREET
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

6900 N. W. 77 STREET
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 23-7352882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, ISOLA
7612 N.W. 68TH WAY
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELLIOT, ISOLA
Address: 7612 N.W. 68TH WAY
City-St-Zip: TAMARAC, FL 33321

Title: 1VP () Delete
Name: SINCLAIR, KATHLEEN
Address: 7211 N.W. 76TH CT.
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: KENNY, MARY
Address: 7612 NW 68TH WAY
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: BICKOFF, NORMA
Address: 7202 NW 76TH DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: SWEIGER, SILVIA
Address: 6904 NW 76TH DR
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: LADAU, LILLIAN
Address: 7614 N.W. 71ST AVE.
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA BICKOFF

T

01/06/2005

Electronic Signature of Signing Officer or Director

Date