

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727509

FILED  
Feb 13, 2006  
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: T (X) Change ( ) Addition  
Name: SINCLAIR, LAGENE  
Address: 7617 NW 67 AV  
City-St-Zip: TAMARAC, FL 33321

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 Chapter 119, 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: LAGENE SINCLAIR

T

02/13/2006

Electronic Signature of Signing Officer or Director

Date