


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90199 040 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7352882	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELLIOTT, ISOLA 7612 N.W. 68TH WAY TAMARAC, FL 33321				Name Lagene Sinclair Street Address (P.O. Box Number is Not Acceptable) 7617 NW 67 AV. TAMARAC, FL 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. I am familiar with, and accept the obligations of registered agent.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE <i>Lagene Sinclair, TREAS.</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1/11/07 <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOT, ISOLA 7612 N.W. 68TH WAY TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP SINCLAIR, KATHLEEN 7211 N.W. 76TH CT. TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNY, MARY 7612 NW 68TH WAY TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SINCLAIR, LAGENE 7817 NW 67 AV TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEIGER, SILVIA 6904 NW 76TH DR TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADAU, LILLIAN 7814 N.W. 71ST AVE. TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAE DURANT 6811 NW 77 ST. TAMARAC, FL 33321				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Lagene Sinclair</i> LAGENE SINCLAIR 1/11/07 721-9986 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					