2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 727509 1. Entity Name WESTWOOD 17 CIVIC ASSOCIATION, INC.							01-16-2007	_		1.25	
6900 N. W. 77 STREET 6			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.			01112007	Chg-NP	CR2E03	7 (12/06)		
City & State			City & State			4. FEI Number 23-73528	382			plied For t Applicable	
Zip	Zip Country		Zip	Country		5. Certificate of	Status Desired		\$8.75 Add	itional	
·	6. Name and	Address of Current Regis	tered Agent	<u> </u>		7. Name and Ad	idress of New I	Registered A	gent		
			······································	Nam	ie /		/				
ELLIOTT, ISOLA 7612 N.W. 68TH WAY TAMARAC, FL 33321							9ENE Sinclair (P.O. Box Number is Not Acceptable)				
IAMARAC	, FL 33321			<u> </u>			<u> </u>				
	•				FA	MARAC	77				
					City TAMARAC, FL 33321						
8. The above	named entity sub	mits this statement for the p	ouroose of changing its	registered offic	e or register	red anent or both	in the State of FI		amiliar with	and accept	
the obligat	tions of registered	agent.	osposo os ostaliging ita	rogistores eme	o or rogistor	ed again, or boin,	in ble outle or r	ionua. Tamin	commen with,	and accept	
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SIGNATURE .	- Dad	seve Sinc	law TR	EAS-				- //	11/6	7	
	Stomature, typed or print	ted name of registered agent and title	if applicable. (NOTE	Registered Agent si	Quature required	t when reinstating)		DATE			
Filing Fee is \$61.25 9.				9. Election Campaign Financing Trust Fund Contribution.							
	Filing Fee Is	\$61.25 4 2007				\$5.00 May Be		Nake check			
	Filing Foo Is	1, 2007	Trust Fund C	Contribution.		Added to Fees	Flo	rida Depart	ment of St	ate	
10.	Sue by May	\$61.25 1, 2007 OFFICERS AND DIRECTO	Trust Fund C	Contribution.		\$5.00 May Be Added to Fees	Flo	rida Depart	ment of St ECTORS IN	10	
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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:

SIGNATURE:

SIGNATURE SIGNATURE OR PROFITED MANE OF SIGNANG OFFICER OR DIRECTOR

Date

Date

Description of the corporation of the receiver of trustee 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:

Date

Description of the corporation of the receiver of the receiver of the corporation of