2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 727509

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:

SINCLAIR, LAGENE
7617N.W. 67TH
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:	VP	( ) Delete
Name:	ELLIOT, ISOLA	
Address:	7612 N.W. 68TH WAY	
City-St-Zip:	TAMARAC, FL 33321	
Title:	PD	( ) 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:	SINCLAIR, LAGENE	
Address:	7617 NW 67 AV	
City-St-Zip:	TAMARAC, FL 33321	
Title:	D	( ) Delete
Name:	MAE, DURANT	
Address:	6811 NW 77 ST	
City-St-Zip:	TAMARAC, FL 33321	
Title:	D	( ) Delete
Name:	MARITZA, SMALL	
Address:	6811N.W. 76 ST.	
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:	PD	(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 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 TREA 01/23/2009

Electronic Signature of Signing Officer or Director — Date