

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90090 002 ****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**

20010499



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7352882**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DURANT, MAE
6811 NW 77TH STREET
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	DURANT, MAE	6811 NW 77TH STREET	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	ELLIOTT, ISOLA	7612 NW 68TH WAY	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	KENNY, MARY	7612 NW 68TH WAY	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	BICKOFF, NORMA	7202 NW 76TH DRIVE	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SWEIGER, SILVIA	6904 NW 76TH DR	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	DOUGLAS, WALTER	7211 NW 76TH PLACE	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norma Bickoff, Treasurer

1/14/03

CR2E037 (10/02)