

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760991** (0)
1. Corporation Name
WESTWOODS OF BOCA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 8122 GLADES ROAD UNIT 337 BOCA RATON FL 33433	Mailing Address 8122 GLADES ROAD UNIT 337 BOCA RATON FL 33434-4004
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1981		3a. Date of Last Report 04/04/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2113954		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAJERUS, DONNA 22534 S.W. 7TH STREET BOCA RATON FL 33434				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JUHREN, VALERIE			1.2 NAME	TAENT Buck		
STREET ADDRESS	22657 S.W. 8TH COURT			1.3 STREET ADDRESS	22690 SW 54 AVE		
CITY-ST-ZIP	BOCA RATON FL 33433			1.4 CITY-ST-ZIP	BOCA RATON FL 33433		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEUMAN, LIN			2.2 NAME	Gregory Deutsch		
STREET ADDRESS	22648 SW 54TH AVENUE			2.3 STREET ADDRESS	22669 SW 53 AVE		
CITY-ST-ZIP	BOCA RATON FL 33433			2.4 CITY-ST-ZIP	BOCA RATON FL 33433		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAZEKAS, STEVE			3.2 NAME	Danny Donofrio		
STREET ADDRESS	22714 SW 9TH STREET			3.3 STREET ADDRESS	22545 SW 7 ST		
CITY-ST-ZIP	BOCA RATON FL 33433			3.4 CITY-ST-ZIP	BOCA RATON FL 33433		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EVERINGTON, LEE			4.2 NAME	Vietro, m		
STREET ADDRESS	22583 SW 6TH STREET			4.3 STREET ADDRESS	22606 SW 6 ST		
CITY-ST-ZIP	BOCA RATON FL 33433			4.4 CITY-ST-ZIP	BOCA RATON FL 33433		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAJERAS, DONNA			5.2 NAME	Phyllis Buck		
STREET ADDRESS	22534 SW 7TH STREET			5.3 STREET ADDRESS	22690 SW 54 AVE		
CITY-ST-ZIP	BOCA RATON FL 33433			5.4 CITY-ST-ZIP	BOCA RATON FL 33433		
TITLE	S	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHN, DIANE			6.2 NAME			
STREET ADDRESS	22527 SW 7TH STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433			6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: *[Date]*

CR2E037 (9/96)