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**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90025 001 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 760991** ✓

1. Corporation Name

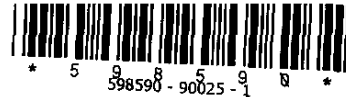
**WESTWOODS OF BOCA HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

8122 GLADES ROAD  
UNIT 337  
BOCA RATON FL 33433

Mailing Address

8122 GLADES ROAD  
UNIT 337  
BOCA RATON FL 33433



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

12/09/1981

4. FEI Number

59-2113954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MAJERUS, DONNA  
22534 S.W. 7TH STREET  
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

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

22534 S.W. 7 ST.

83

84 City **BOCA RATON, FL**

**FL**

85 Zip Code **33433**

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

TITLE **PD** ☐ DELETE

NAME **TRENT, BUCK**  
STREET ADDRESS **22690 SW 54 AVE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **T** ☒ DELETE

NAME **WEIDER, SCOTT K**  
STREET ADDRESS **22675 SW 53 AVE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **S** ☒ DELETE

NAME **NEWMAN, LIN**  
STREET ADDRESS **22648 SW 54 AVE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VD** ☐ DELETE

NAME **DEUTSCH, GREG**  
STREET ADDRESS **22669 SW 53 AVE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☒ DELETE

NAME **LUCIEN, DIANNE**  
STREET ADDRESS **22732 SW 10 ST**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**S JOHN HARRINGTON**  
**22602 SW 54 AVE**  
**BOCA RATON FL 33433**

**D & T**  
**LUCIEN, DIANNE**  
**22732 SW 10 ST**  
**BOCA RATON, FL 33433**

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-99 561 982 5726  
Date Daytime Phone #

CR2E037 (11/98)