FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H34414

WESTWOOD ACRES, INC.				
TIEDITIOUD AUIED, IIIU.			I CERTAIN BLED THAT BIRTH BURN BURN BURN BURN BURN BURN	I BARA BARA BIBA BARA IBBA
) 818))
Principal Place of Business	Mailing Address		-	i diliti erett nîmit aratt seet
5878-NNY 96TH LANE	5878 NW 96TH LANE			
OCALA FL 84482	OCALA PL 34482		DO NOT WOUTE IN THIS E	DACE
us	US		DO NOT WRITE IN THIS S	PACE
			3. Date Incorporated or Qualifed 12/17/1984	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4236 LAS PALMAS WAY		ALMAS WAY	54-2471397	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	City & State			
City & State 23 SARASOTA FL	City & State 28 SARASOTA	F.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intan	 1
24 34238 25 US	29 34238 30	US		_ Yes □No
9. Name and Address of Current F			10. Name and Address of New Registered A	gent
		81 Name	enner G Herfrich	
Barnès, Lynda W.			ess (P.O. Box Number is Not Acceptable)	
5878 NW 96TH LANE		113	7/	
OCALA FL 34482		83 3 12	LAS PALMAS L	U AY
		84 City 85 Zip Code		
		SARASOTA FL 34238		
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpo	oration submits this statement for the purpose of cl	nanging its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			in S board of directors. Thereby accept the appoint	ment as registered
SIGNATURE HERALTH & Helfruls (KENNERN G		Heufflich) J - // (when reinstatura) DATE	-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg		gistered Agent signature required		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE DPS	☐ DELETE	1.1 TITLE		Change Addition
NAME HELFRICH, KENNETH G. STREET ADDRESS 7210 BEECHLAND BCH 4236 LAS PALMAS WAY		1.2 NAME		
STREET ADDRESS 7210 BEECHLAND BCH 4236	1. 2//2>C	1.3 STREET ADDRESS		Ì
CITY-ST-ZIP PROSPECK KY SARI	ASOTA FL 34238'	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
- '	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME HELFRICH, MARLENE	!	2.2 NAME		
STREET ADDRESS 7210 BEECHLAND BCH		2.3 STREET ADDRESS		
CITY-ST-ZIP PROSPECK KY	Noci ETE	2.4 CITY-ST-ZIP		Change Addition
TILE D	DOELETE	3.1 TITLE		
NAME BARNES, LYNDA W		3.2 NAME		
STREET ADDRESS 5878 NW 96TH LANE		3.3 STREET ADDRESS		Ì
CITY-ST-ZIP OCALA FL 34482	☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	1 11161616	4.1 TITLE		Louistide Twominosi
		Ì	•	
NAME		4.2 NAME	•	

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 607. 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.

1.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

51 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

TITLE

Canoth 6 Helfuil

DELETE

☐ DELETE

941-924-9891

FILED

Feb 23, 1999 8:00 am

Secretary of State

02-23-1999 90115 011 ***150.00

Change

Change

☐ Addition

Addition

CR2E034 (11/98)