FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K14641 (0)

1. Corporate Name
WESTWOOD COUNTRY ESTATES, INC.

Principal Place of Business	Mailing Address
3579 S.W. CORNELL AVE. BOX 1833 STUART FL 34995-8833	3579 S.W. CORNELL AVE. BOX 1833 STUART FL 34995-8833

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

ZIP (24) | County (25) | ZIP (29) | County (30)

4. FEI Number: 65-0034707 ☐ 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

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CRARY, WILLIAM F.
555 COLORADO AVE
SUITE 1
STUART FL 34994

10. Name and Address of New Registered Agent

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 Section(s) 607.1216 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: (If changing Registered Agent, this signature must be that of the New Registered Agent) (New Registered Agent's signature required when listed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D P	1 TITLE	☐ Change ☐ Addition
1 NAME	FILIPE, BRASILINO	1 NAME	
1 STREET ADDRESS	9960 S OCEAN DR. APT 403	1 STREET ADDRESS	
1 CITY-ST-ZIP	JENSEN BEACH FL	1 CITY-ST-ZIP	
2 TITLE	DVP	2 TITLE	☐ Change ☐ Addition
2 NAME	SPECIALE, FRANK	2 NAME	
2 STREET ADDRESS	1111 S. OCEAN BLVD.	2 STREET ADDRESS	
2 CITY-ST-ZIP	BOCA RATON FL	2 CITY-ST-ZIP	
3 TITLE	DT	3 TITLE	☐ Change ☐ Addition
3 NAME	CORREIA, EDUARDO	3 NAME	
3 STREET ADDRESS	9550 S OCEAN DR	3 STREET ADDRESS	
3 CITY-ST-ZIP	JENSEN BCH. FL	3 CITY-ST-ZIP	
4 TITLE	S	4 TITLE	☐ Change ☐ Addition
4 NAME	FILIPE, PAUL	4 NAME	
4 STREET ADDRESS	5153 SE LISBON CIR	4 STREET ADDRESS	
4 CITY-ST-ZIP	STUART FL	4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is effectively furnished and 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.

SIGNATURE: [signature] 5-1-95 407 283 7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BRASILINO FILIPE

0485007 FP