

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90197 050 ***150.00

DOCUMENT # K14641

1. Corporation Name

WESTWOOD COUNTRY ESTATES, INC.

Principal Place of Business

3579 S.W. CORNELL AVE.
BOX 1833
STUART FL 34995-8833

Mailing Address

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

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. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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 Sections 607.0502 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

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 D ☒ DELETE
NAME FILIPE, BRASILINO
STREET ADDRESS 9960 S OCEAN DR. APT 403
CITY-ST-ZIP JENSEN BEACH FL

TITLE DP ☒ DELETE
NAME CORREIA, JAIME
STREET ADDRESS 1016 FT SALONGA RD
CITY-ST-ZIP NORTHPORT NY

TITLE D ☒ DELETE
NAME CORREIA, EDUARDO
STREET ADDRESS 9550 S OCEAN DR
CITY-ST-ZIP JENSEN BCH. FL

TITLE D ☒ DELETE
NAME FILIPE, PAUL
STREET ADDRESS 5153 SE LISBON CIR
CITY-ST-ZIP STUART FL

TITLE DVT ☒ DELETE
NAME DOMINGOS, NOBILE
STREET ADDRESS 4200 N OCEAN WAY TOWER A-1604
CITY-ST-ZIP RIVIERA BEACH FL

TITLE DS ☐ DELETE
NAME COVAS, JOSE
STREET ADDRESS 129 KNICKERBOCKER AVE
CITY-ST-ZIP BOHEMIA NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE ROSEIFCOVA S PA. 4-15-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)