

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90104 029 ****61.25

DOCUMENT # N00000000164

1. Entity Name

WESTWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**12800 UNIVERSITY PARK, SUITE 600
 FORT MYERS FL 33906**

Mailing Address

**12800 UNIVERSITY PARK, SUITE 600
 FORT MYERS FL 33906**

2. Principal Place of Business

290-174 St.

3. Mailing Address

290-174 St.

Suite, Apt. #, etc.

815

Suite, Apt. #, etc.

815

City & State

Sunny Isles, FL

City & State

Sunny Isles, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

6. Name and Address of Current Registered Agent

**DORAGH, PETE
 12800 UNIVERSITY PARK, SUITE 600
 FORT MYERS FL 33906**

7. Name and Address of New Registered Agent

Lee C. Greenough

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

5551 Lockett Road

City

Ft. Myers

FL

Zip Code

33905

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Signature]

Lee C. Greenough

1/16/01

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

(NOTE: Registered Agent signature required when reinitiating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **WINTLE, ARTHUR R JR**
 STREET ADDRESS **6900-29 DANIELS PARKWAY SUITE 131**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **VD** ☐ Delete
 NAME **HARPAZ, AVI**
 STREET ADDRESS **6900-29 DANIELS PARKWAY SUITE 131**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **STD** ☐ Delete
 NAME **EDWARDS, NADIA S**
 STREET ADDRESS **6900-29 DANIELS PARKWAY SUITE 131**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **Lee C. Greenough**
 STREET ADDRESS **5551 Lockett Rd.**
 CITY-ST-ZIP **Ft. Myers, FL 33905**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **290-174 St. #815**
 CITY-ST-ZIP **Sunny Isles, FL 33160**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **290-174 St. #815**
 CITY-ST-ZIP **Sunny Isles, FL 33160**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NADIA S. EDWARDS (305) 932-3325

Date

Daytime Phone #

CR2E037 (10/00)