2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01978

FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90163 042 ****70.00

1. Entity Name WESTWOOD GARDENS HOMEOWNERS ASSOCIATION, INC.							04-30-2008 90103 042 *** 70.00				
Principal Place of Business 5601 GOLDEN EAGLE CIR. PALM BEACH GARDENS, FL 33418			Mailing Address SEACREST SERVICES INC 2400 CENTRE PARK W. DRIVE #175 WEST PALM BEACH, FL 33409				CONSERVATION				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 5601 Golden Fage Cin				الأللللا على				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				0.4000000	Chg-NP	CR2E037	(12/06)	
City & State			Palm Beach Gardens			کمی	4. FEI Number				
Zip	1		Zip FL	PL Pal			5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					Name		7. Name and Ad	dress of New Re	egistered A	gent	**
ST. JOHN, CORE & LEMME, P.A. 1601 FORUM PLACE STE. 701						ddress (F	P.O. Box Number is	s Not Acceptable)		
	BEACH, FL	33401									
and the second s					City			···	FL	Zip Code	9
	named entity su tions of registere	ubmits this statement for ad agent.	the purpose of cha	nging its regis	stered office o	r register	ed agent, or both,	in the State of Flo	rida. I am fa	ımiliar with,	and accept
SIGNATURE .	Signature, typed or p	vinted name of registered agent a	nd little if applicable	(NOTE: Base							
	-			(NOTE: Negi	istered Agent signat	ure required	when reinstating)		DATE		
	Filing Fee i Due by May	· ·	9 . Ele	ction Campaig st Fund Contri	gn Financing	ure required	\$5.00 May Be Added to Fees		ake check Ida Departi		
10.	Due by May	· ·	9. Ele Tru	ction Campaig st Fund Contri	gn Financing		\$5.00 May Be Added to Fees	Flori	ake check Ida Departi	nent of St	ate
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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 like empowered.

SIGNATURE AND TYPED ON PRINTED NAME OF HONING OFFICER OR DIRECTOR

Daytime Phone #