


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90163 042 \*\*\*\*70.00

<b>DOCUMENT # N01978</b> 1. Entity Name <b>WESTWOOD GARDENS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5601 GOLDEN EAGLE CIR. PALM BEACH GARDENS, FL 33418</b>			Mailing Address <b>SEACREST SERVICES INC 2400 CENTRE PARK W. DRIVE #175 WEST PALM BEACH, FL 33409</b>		
2. Principal Place of Business - No P.O. Box # <b>Same</b>		3. Mailing Address <b>5601 Golden Eagle Circle</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04232008 Chg-NP CR2E037 (12/06)	
City & State 		City & State <b>Palm Beach Gardens</b>		4. FEI Number <b>59-2411416</b>	
Zip 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 		Country <b>FL Palm</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>ST. JOHN, CORE &amp; LEMME, P.A. 1601 FORUM PLACE STE. 701 W. PALM BEACH, FL 33401</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PETRUZZU, TERRY</b> <b>12772 WOODMILL DR.</b> <b>PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VELEZ, LUIS A</b> <b>5806 GOLDEN EAGLE CIR, LANES</b> <b>PALM BCH.GARDENS, FL 33418</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Leonard Byran</b> <b>5601 Golden Eagle Circle</b> <b>Palm Beach Gardens, FL 33418</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ARBUZOW, LOLA</b> <b>12668 WOODMILL DRIVE.</b> <b>PALM BEACH GARDENS, FL 33418</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Todd Hartman</b> <b>5601 Golden Eagle Circle</b> <b>Palm Beach Gardens, FL 33418</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOEHRINGER, STAN</b> <b>12661 WOODMILL DR.</b> <b>WEST PALM BEACH, FL 33418</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>5601 Golden Eagle Circle</b> <b>Palm Beach Gardens, FL 33418</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANKIN, ALLEN</b> <b>5808 GOLDEN EAGLE CIR.</b> <b>WEST PALM BEACH, FL 33418</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Deborah Malaga</b> <b>5601 Golden Eagle Circle</b> <b>PAG FL 33418</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HITCHCOCK, ALISON</b> <b>5429 EAGLE LAKE DR</b> <b>WEST PALM BEACH, FL 33418</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/28/08</b> Daytime Phone #		