


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009596	
1. Entity Name WESTWOOD IMPROVEMENT ASSOCIATION INC.	

Principal Place of Business 2808 SHERINGHAM RD ORLANDO FL 32808	Mailing Address 2808 SHERINGHAM RD ORLANDO FL 32808
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 06-1678864	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent RICKETTS, JOAN I 2808 SHERINGHAM RD ORLANDO FL 32808

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	RICKETTS, JOAN
STREET ADDRESS	2808 SHERINGHAM RD
CITY- ST- ZIP	ORLANDO FL 32808
TITLE	V
NAME	JOHNSON, MARGARET S
STREET ADDRESS	2810 WOODBRIDGE LN
CITY- ST- ZIP	ORLANDO FL 32808
TITLE	DT
NAME	HUTCHINSON, HELEN
STREET ADDRESS	2880 ROCKINGHAM CIR
CITY- ST- ZIP	ORLANDO FL 32808
TITLE	S
NAME	WEAK, CONSTANCE
STREET ADDRESS	2816 SHERINGHAM RD.
CITY- ST- ZIP	ORLANDO FL 32808
TITLE	D
NAME	JAMES, LORRY
STREET ADDRESS	2806 WOODBRIDGE LN
CITY- ST- ZIP	ORLANDO FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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 like empowered.

SIGNATURE: <i>Joan L. Ricketts</i>	4-16-05 (407-399-7468)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #