2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009596

FILED Jan 05, 2009 Secretary of State

Entity Name: WESTWOOD IMPROVEMENT ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business: 2808 SHERINGHAM RD ORLANDO, FL 32808 **Current Mailing Address: New Mailing Address:** 2808 SHERINGHAM RD ORLANDO, FL 32808 FEI Number: 06-1678864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICKETTS, JOAN I 2808 SHERINGHAM RD ORLANDO, FL 32808 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RICKETTS, JOAN Name: Name: 2808 SHERINGHAM RD Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: Title: () Delete () Change () Addition JOHNSON, MARGARET S Name: Name: Address: 2810 WOODBRIDGE LN Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: () Delete Title: () Change () Addition HUTCHINSON, HELEN Name: Name: 2880 ROCKINGHAM CIR Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WEAK, CONSTANCE Name: 2816 SHERINGHAM RD. Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: Title: () Delete () Change () Addition JAMES, LORRY Name: Name: 2806 WOODBRIDGE LN Address: Address: ORLANDO, FL 32808 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANCE M. WEAK S 01/05/2009