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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20810** (0)

1. Corporation Name

**WESTWOOD COMMUNITY FIVE AREA BEAUTIFICATION PLAN
INC.**

Principal Place of Business	Mailing Address
8300 NW 93RD AVE. TAMARAC FL 33321	8300 NW 93RD AVE. TAMARAC FL 33321

3. Date Incorporated or Qualified

05/26/1987

4. FEI Number

59-2812072

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POLEVOY, HARRY
9605 NW 80 ST
TAMARAC FL 33321**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	POLEVOY, HARRY	
STREET ADDRESS	9605 N.W. 80 ST	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LAVIGNE, LARRY	
STREET ADDRESS	9305 N.W. 82 CRT	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINMAN, HERBERT	
STREET ADDRESS	9608 N.W. 80 ST	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	PUTNOY, BETTY	
STREET ADDRESS	9109 N.W. 82 COURT	
CITY-ST-ZIP	TAMARAC FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TARTAKOW, NORMAN	
STREET ADDRESS	9512 N.W. 81 CRT	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** *Betty Putnoy* *1/5/98* *1-854-721-2701*

CR2E037 (10/97)