

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90009 002 ****61.25

DOCUMENT # N20810

1. Corporation Name

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

Principal Place of Business

8300 NW 93RD AVE.
TAMARAC FL 33321

Mailing Address

8300 NW 93RD AVE.
TAMARAC FL 33321

594796 - 90009 - 2



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/26/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2812072	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/> \$5.00 May Be Added to Fees	

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	1.1 TITLE	
NAME	POLEVOY, HARRY	1.2 NAME	
STREET ADDRESS	9605 N.W. 80 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	BARNETT, ETTA	2.2 NAME	
STREET ADDRESS	8105 NW 93RD TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	WEINMAN, HERBERT	3.2 NAME	
STREET ADDRESS	9608 N.W. 80 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	PUTNOY, BETTY	4.2 NAME	
STREET ADDRESS	9109 N.W. 82 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	TARTAKOW, NORMAN	5.2 NAME	
STREET ADDRESS	9512 N.W. 81 CRT	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (5/99)