

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N20810	
1. Entity 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



08092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2812072	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 CHASE, IRVING 9405 NW 81ST CT TAMARAC, FL 33321	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLEVOY, HARRY 9605 N.W. 80 ST TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHASE, IRVING 9405 NW 81ST CT TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDLYN, HARRY 9505 NW 80TH PL TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARTAKOW, NORMAN 9512 N.W. 81 CRT TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERBER, JASON 8116 NW 93RD TERR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ADLER, MARVIN 8110 NW 96TH AVE TAMARAC, FL 33321

**DO NOT WRITE
IN THIS SPACE**

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08/12/05-80001-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #