

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20810

FILED
Apr 08, 2008
Secretary of State

Entity Name: WESTWOOD COMMUNITY FIVE AREA BEAUTIFICATION PLAN INC.

Current Principal Place of Business:

8300 NW 93RD AVE.
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

8300 NW 93RD AVE.
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-2812072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN B. ROGERS, P.A.
5521 UNIVERSITY DRIVE - SUITE 104
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: MERSAL, SONIA
Address: 9404 NW 80 PLACE
City-St-Zip: TAMARAC, FL 33321 US

Title: P () Delete
Name: ALEXANDER, RAYMOND
Address: 9212 NW 80 STREET
City-St-Zip: TAMARAC, FL 33321 US

Title: D () Delete
Name: DENDY, MILTON
Address: 9513 NW 80 PLACE
City-St-Zip: TAMARAC, FL 33321 US

Title: D () Delete
Name: KOCH, PETER
Address: 9511 NW 80 CRT
City-St-Zip: TAMARAC, FL 33321 US

Title: D () Delete
Name: GERBER, JASON
Address: 8116 NW 93RD TERR
City-St-Zip: TAMARAC, FL 33321 US

Title: S () Delete
Name: LABOMBARDA, RENEE
Address: 8201 NW 92 TERR
City-St-Zip: TAMARAC, FL 33321 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SONIA MERSAL

T

04/08/2008

Electronic Signature of Signing Officer or Director

Date