

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N24459

1. Entity Name
**WEST SEVENTEEN MAINTENANCE CORPORATION,
INC.**



Principal Place of Business

**7104 NW 76 DRIVE
C/O MICHAEL SHOST
TAMARAC, FL 33321**

Mailing Address

**7104 NW 76 DRIVE
C/O MICHAEL SHOST
TAMARAC, FL 33321**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0025316

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHOST, MICHAEL
7104 NW 76 DRIVE
TAMARAC, FL 33321**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 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
**TD
WEIZENECKER, JEAN M
7618 NW 71ST AVE
TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TSD
BICKOFF, NORMA
7202 NW 76TH DRIVE
TAMARAC, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SHOST, MICHAEL
7104 NW 76 DRIVE
TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/12/05-80046-002 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)(i), 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:

JEAN M. WEIZENECKER
Jean M. Weizenecker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05 **954-722-2297**
Date Daytime Phone #