


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N24459 1. Entity Name WEST SEVENTEEN MAINTENANCE CORPORATION, INC.	
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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
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01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0025316	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2007**

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

**U00000605280
01/30/07-80029-021 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEIZENECKER, JEAN M 7818 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1-23-07 954-722-2397
Date Daytime Phone #