2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2006
Secretary of State

DOCUMENT# N30663

Entity Name: WESTWOOD COUNTRY ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3579 SW CORNELL AVE.
P.O. BOX 1833
STUART, FL 34995

New Principal Place of Business:

Current Mailing Address:

1082 SW KEATS AVE
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 65-0205967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONANA, ELIZABETH P.A.
ROYAL PALM FINCIAL CENTER
759 SOUTH FEDERAL HWY, STE. 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

BONAN, ELIZABETH P.A.
ROYAL PALM FINCIAL CENTER
759 SOUTH FEDERAL HWY, STE. 212
STUART, FL 34994 US

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: ELIZABETH BONAN, PA 04/02/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HAYNES, WILLIAM
Address: 1082 SW KEATS AVE
City-St-Zip: PALM CITY, FL 34990

Title: TD ( ) Delete
Name: MOEHRING, MICHAEL
Address: PO BOX 427
City-St-Zip: PALM CITY, FL 34991

Title: SD ( ) Delete
Name: DENISE, MENDOCHA
Address: 582 SW KEATS
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: GARY, COLLINS
Address: 602 SW KEATS
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: TOM, CANN
Address: 1167 THOREAU CT
City-St-Zip: PALM CITY, FL 34990

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: D (X) Change ( ) Addition
Name: TIMOTHY, EDWARDS
Address: 1042 SW KEATS AVE
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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: WM HAYNES PD 04/02/2006
Electronic Signature of Signing Officer or Director Date