

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra P. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31482** (5)  
1. Corporation Name  
**WESTWOOD PLAZA MERCHANTS ASSOCIATION, INC.**



Principal Place of Business <b>4577 GUNN HWY. TAMPA FL 33624-6311 US</b>	Mailing Address <b>4577 GUNN HWY. TAMPA FL 33624 US</b>
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2. Principal Place of Business 21 <b>4545 Gunn Hwy</b> Suite, Apt. #, etc. 22 23 City & State <b>Tampa FL</b> 24 Zip <b>33624</b> 25 Country <b>USA</b>	2a. Mailing Address 26 <b>4545 Gunn Hwy</b> Suite, Apt. #, etc. 27 28 City & State <b>Tampa FL</b> 29 Zip <b>33624</b> 30 Country <b>USA</b>
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3. Date Incorporated or Qualified <b>04/03/1989</b>
4. FEI Number <b>59-3005789</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>FARVER, TERESA G. 4563 GUNN HWY. TAMPA FL 33624</b>
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10. Name and Address of New Registered Agent 81 Name <b>Linda Beronda</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4545 Gunn Hwy</b> 83 84 City <b>Tampa</b> <b>FL</b> 85 Zip Code <b>33624</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Linda Beronda* DATE **9/16/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FARVER, TERESA G.</b>
STREET ADDRESS	<b>4577 GUNN HWY</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BERONDA, LINDA</b>
STREET ADDRESS	<b>4533 GUNN HWY.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MCCRACKEN, JOHN</b>
STREET ADDRESS	<b>4571 GUNN HWY</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>4545 Gunn Hwy.</b>
2.4 CITY - ST - ZIP	<b>Tampa, FL 33624</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D Larry Montesano</b>
4.3 STREET ADDRESS	<b>4533 Gunn Hwy.</b>
4.4 CITY - ST - ZIP	<b>Tampa FL 33624</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D Cathryn Myers</b>
5.3 STREET ADDRESS	<b>4525 Gunn Hwy</b>
5.4 CITY - ST - ZIP	<b>Tampa FL 33624</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Beronda* **6/30/98 813 963-2199**

CR2E037 (1097)