

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43928 (3)

1. Corporation Name
WESTWOOD COMMUNITY 22 BEAUTIFICATION PROGRAM, IN C.



Principal Place of Business Mailing Address
7108 NW 89TH AVE 7108 NW 89TH AVE
TAMARAC FL 33321 TAMARAC FL 33321-3125

3. Date Incorporated or Qualified 06/14/1991
3a. Date of Last Report 02/05/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 65-0313608 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLAU, JACK
7108 NW 89TH AVE
TAMARAC FL 33321

81 Name SYLVIA KLAU
82 Street Address (P.O. Box Number is Not Acceptable) 7108 NW 89 AVE
83
84 City TAMARAC FL 85 Zip Code 33321

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 *Sylvia Klau* SYLVIA KLAU 1/23/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHERF, HAROLD	1.2 NAME	BILL BURKHOLDER
STREET ADDRESS	8904 NW 72ND ST	1.3 STREET ADDRESS	7107 NW 89 AVE
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REALE, MINNIE	2.2 NAME	CHARLOTTE GOODMAN
STREET ADDRESS	7207 NW 92ND AVE	2.3 STREET ADDRESS	8902 NW 70 PLACE
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEMER, DIANA	3.2 NAME	
STREET ADDRESS	7206 NW 92ND TER	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLAU, JACK	4.2 NAME	DIANA KRAEMER
STREET ADDRESS	7108 NW 89TH AVE.	4.3 STREET ADDRESS	7206 NW 92ND TER
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 of an attachment with an address.

SIGNATURE: *Diana Kraemer* DIANA KRAEMER 1/23/97 954-721-8792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 006944

CR2E037 (9/96)