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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: 7108 NW 89TH AVE, TAMARAC FL 33321
Mailing Address: 7108 NW 89TH AVE, 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 (21) 2a. Mailing Address (26)

4. FEI Number: 65-0313608
Applied For: Not Applicable

Suite, Apt. #, etc. (22) 27

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

City & State (23) 28

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

Zip (24) 25 Country (29) 30

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

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)

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