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FILED  
Jan 26, 1999 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-26-1999 90031 033 \*\*\*\*\*61.25

DOCUMENT # N43928

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/14/1991

4. FEI Number  
65-0313608

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

KLAU, SYLVIA  
7108 NW 89TH AVE  
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
BURKHOLDER  
7107 NW 89 AVE  
TAMARAC FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
GOODMAN, CHARLOTTE  
8902 NW 70 PLACE  
TAMARAC FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DT  
KRAEMER, DIANA  
7206 NW 92ND TER  
TAMARAC FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
KRAEMER, DIANA  
7206 NW 92ND  
TAMARAC FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE: Diana Kraemer SIGNATURE REQUIRED

1/7/99 954-721-8792  
Date Daytime Phone #

CR2E037 (1/98)