

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005147

1. Entity Name
WESTWOOD ACRES OF CITRUS COUNTY, UNIT I
OWNERS ASSOCIATION, INC.



Principal Place of Business
9852 N WESTRIDGE TERR.
CRYSTAL RIVER, FL 34428 US

Mailing Address
P.O. BOX 36
CRYSTAL RIVER, FL 34423 US



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3291967

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZELL, SCOTT M
9852 N WESTRIDGE TERR.
CRYSTAL RIVER, FL 34428

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

01/06/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ZELL, SCOTT M
9852 N WESTRIDGE TERR.
CRYSTAL RIVER, FL 34428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
AKIN, ROBERT
9577 N ULYSSES WAY
CRYSTAL RIVER, FL 34428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
CRAIG, PHILIP
9873 N BEECHLAND TERR.
CRYSTAL RIVER, FL 34428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/10/05-80048-023 70.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

01/06/05

Date

Daytime Phone #

352-795-0800