2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 10, 2006 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	Mailing Address
9852 N WESTRIDGE TERR. CRYSTAL RIVER, FL 34428 US	P.O. BOX 36 CRYSTAL RIVER, FL 34423 US

DO NOT WRITE IN THIS SPACE

01092006 No Chg-NP CR2E037 (11/05)

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

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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) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZELL, SCOTT M
STREET ADDRESS	9852 N WESTRIDGE TERR.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	V
NAME	AKIN, ROBERT
STREET ADDRESS	9577 N ULYSSES WAY
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	ST
NAME	CRAIG, PHILIP
STREET ADDRESS	9873 N BEECHLAND TERR.
CITY-ST-ZIP	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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02/22/06-80038-024 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Philip K. Craig PHILIP K. CRAIG 2-8-06 352-564-953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #