

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000493

**Entity Name:** THE SOUTH FLORIDA CHAPTER OF WESTWOOD OLD GIRLS ASSOCIATION, INC.**FILED**  
**Apr 17, 2015**  
**Secretary of State**  
**CC8793937382****Current Principal Place of Business:**8280 SW 9 CT  
NORTH LAUDERDALE, FL 33068**Current Mailing Address:**8280 SW 9 CT  
NORTH LAUDERDALE, FL 33068 US**FEI Number: 27-4691768****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SPENCE, CHERYL ANN MAXINE  
8280 SW 9 CT  
NORTH LAUDERDALE, FL 33068 US*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.***SIGNATURE:** CHERYL AM SPENCE**04/17/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                            |
|-----------------|----------------------------|
| Title           | PAST PRESIDENT             |
| Name            | THOMPSON, MELAINE M        |
| Address         | 7760 NW 22ND STREET<br>203 |
| City-State-Zip: | PEMBROKE PINES FL 33024    |

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | NICHOLSON, DONNA MRS |
| Address         | 2070 NW 43RD TERRACE |
| City-State-Zip: | LAUDERHILL FL 33313  |

|                 |                           |
|-----------------|---------------------------|
| Title           | TREASURER                 |
| Name            | SPENCE, CHERYL A          |
| Address         | 8280 SW 9 CT              |
| City-State-Zip: | NORTH LAUDERDALE FL 33068 |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | SECRETARY                        |
| Name            | CLARKE, EVERLY MRS               |
| Address         | 3396 FOXCROFT ROAD<br>UNIT # 306 |
| City-State-Zip: | MIRAMAR FL 33025                 |

|                 |                   |
|-----------------|-------------------|
| Title           | EVENTS CORDINATOR |
| Name            | BOND, JULIET      |
| Address         | 1311 NW 195 ST    |
| City-State-Zip: | MIAMI FL 33169    |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CHERYL SPENCE**TREASURER****04/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date