

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20810

**Entity Name:** WESTWOOD COMMUNITY FIVE AREA BEAUTIFICATION PLAN  
INC.

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC8194648139**

**Current Principal Place of Business:**

8300 NW 93RD AVE.  
TAMARAC, FL 33321

**Current Mailing Address:**

8300 NW 93RD AVE.  
TAMARAC, FL 33321 US

**FEI Number: 59-2812072**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOHN B. ROGERS, P.A.  
1401 N, UNIVERSITY DRIVE  
SUITE 100  
CORAL SPRINGS, FL 33071 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GRATT, DAVID  
Address 9407 NW 81 COURT  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name GERALD, SCHENKEL  
Address 9400 NW 81 COURT  
City-State-Zip: TAMARAC FL 33321

Title T  
Name GOCKE, LYNN  
Address 8100 NW 96 TERRACE  
City-State-Zip: TAMARAC FL 33321

Title S  
Name MONCADA, INGRID  
Address 8024 NW 93 TERRACE  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name LOBOS, BONNIE  
Address 9313 NW 81 MANOR  
City-State-Zip: TAMARAC FL 33321

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: LYNN GOCKE**

**TREASURER**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date