

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20810

Entity Name: WESTWOOD COMMUNITY FIVE AREA BEAUTIFICATION PLAN
INC.**FILED**
Feb 15, 2013
Secretary of State
CC9132355142**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.
5521 UNIVERSITY DRIVE - SUITE 104
CORAL SPRINGS, FL 33067 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 T
Name MERSAL, SONIA
Address 9404 NW 80 PLACE
City-State-Zip: TAMARAC FL 33321Title VP
Name GERALD, SCHENKEL
Address 9400 NW 81 COURT
City-State-Zip: TAMARAC FL 33321Title T
Name GOCKE, LYNN
Address 8100 NW 96 TERRACE
City-State-Zip: TAMARAC FL 33321Title P
Name GRATT, DAVID
Address 9407 NW 81 COURT
City-State-Zip: TAMARAC FL 33321Title D
Name HARTNETT, JOHN
Address 9405 NW 80 PLACE
City-State-Zip: TAMARAC FL 33321Title S
Name MONCADA, INGRID
Address 8024 NW 93 TERRACE
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**CO TREASURER****02/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date