INC.			91362	0290200
Current Prir	cipal Place of Business:			
8300 NW 93RD TAMARAC, FL				
	00021			
Current Mai	ing Address:			
8300 NW 93				
TAMARAC,	FL 33321 US			
FEI Number: 59-2812072 Certificate of Sta			Certificate of Status De	sired: No
Name and A	ddress of Current Registered Agent:			
TOLIN, CHERY 8300 NW 93RD TAMARAC, FL	AVENUE			
The above name				
	entity submits this statement for the purpose of changing its re-	gistered office or regis	tered agent, or both, in the State of I	Florida.
SIGNATURE	entity submits this statement for the purpose of changing its re- CHERYL TOLIN	gistered office or regis	tered agent, or both, in the State of I	Florida. 03/27/2023
SIGNATURE		gistered office or regis	tered agent, or both, in the State of I	
SIGNATURE	CHERYL TOLIN Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both, in the State of I	03/27/2023
	CHERYL TOLIN Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both, in the State of I	03/27/2023
Officer/Dire	CHERYL TOLIN Electronic Signature of Registered Agent Ctor Detail :			03/27/2023
Officer/Dire	CHERYL TOLIN Electronic Signature of Registered Agent Ctor Detail : P	Title	TREASURER	03/27/2023
Officer/Dire Title Name	CHERYL TOLIN Electronic Signature of Registered Agent Ctor Detail : P GRATT, DAVID 9407 NW 81 COURT	Title Name Address	TREASURER TOLIN, CHERYL	03/27/2023
Officer/Dire Title Name Address	CHERYL TOLIN Electronic Signature of Registered Agent Ctor Detail : P GRATT, DAVID 9407 NW 81 COURT	Title Name Address	TREASURER TOLIN, CHERYL 8102 NW 94TH AVENUE	03/27/2023

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: WESTWOOD COMMUNITY FIVE AREA BEAUTIFICATION PLAN

DOCUMENT# N20810

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 TOLIN

8118 NW 93RD AVE

TAMARAC FL 33321

Address

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

TREASURER

03/27/2023 Date

FILED Mar 27, 2023

Secretary of State