

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20810

**Entity Name:** WESTWOOD COMMUNITY FIVE AREA BEAUTIFICATION PLAN  
INC.**FILED**  
**Jan 27, 2014**  
**Secretary of State**  
**CC3754577018****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 33321

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

Title	DIRECTOR
Name	TOLIN, CHERYL
Address	8102 NW 94 AVENUE
City-State-Zip:	TAMARAC FL 33321

Title	DIRECTOR
Name	HALLAS, JAMES
Address	9606 NW 80 COURT
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 F. GOCKE****CO-TREASURER****01/27/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date