

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2005
Secretary of State**

DOCUMENT# N00000006211

Entity Name: WESTON TOWN CENTER MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

1675 MARKET STREET
SUITE 207
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1675 MARKET STREET
SUITE 207
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-1042708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, GRACE
1675 MARKET STREET
SUITE 207
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELMONT, BARRY
Address: 600 HAVERFORD ROAD SUITE G101
City-St-Zip: HAVERFORD, PA 19041

Title: VPD () Delete
Name: MARDINLY, PETER A
Address: 600 HAVERFORD ROAD SUITE G101
City-St-Zip: HAVERFORD, PA 19041

Title: S () Delete
Name: VALDES, GRACE
Address: 1676 MARKET ST, SUITE 207
City-St-Zip: WESTON, FL 33326

Title: TD () Delete
Name: HARNER, STEVE
Address: 600 HAVERFORD ROAD SUITE G101
City-St-Zip: HAVERFORD, PA 19041

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARRY J. BELMONT

PD

04/15/2005

Electronic Signature of Signing Officer or Director

Date