


FILE NOW: FILING FEE IS \$61.25

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Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001488 (4)**  
1. Corporation Name  
**THE ISLANDS AT WESTON MAINTENANCE ASSOCIATION, I NC.**



Principal Place of Business <b>1205 ARVIDA PKWY FT. LAUDERDALE FL 33327 US</b>	Mailing Address <b>1205 ARVIDA PKWY FT. LAUDERDALE FL 33327-1700 US</b>
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3. Date Incorporated or Qualified <b>03/28/1995</b>	3a. Date of Last Report <b>06/21/1996</b>
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21. Principal Place of Business <b>1625 N Commerce Prkwy</b>	2a. Mailing Address <b>1625 N Commerce Prkwy</b>
22. Suite, Apt. #, etc. <b>Suite 305</b>	27. Suite, Apt. #, etc. <b>Suite 305</b>
23. City & State <b>Weston, FL</b>	28. City & State <b>Weston, FL</b>
24. Zip <b>33326</b>	25. Country <b>USA</b>
29. Zip <b>33326</b>	30. Country <b>USA</b>

4. FEI Number <b>65-0473647</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MESEROLL, DAVID B JR  
1205 ARVIDA PKWY  
SUITE 500  
FT. LAUDERDALE FL 33327**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**ROSEN, ROSEN & KRUELLING**  
83. **1625 N Commerce Prkwy Suite 225**  
84. City **Weston, FL** 85. Zip Code **33326**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:  DATE: **3/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>MESEROLL, DAVID B JR.</b>	1.1 TITLE <b>PD</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS <b>1205 ARVIDA PKWY</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>	1.2 NAME <b>Thomas Hynes</b>	1.3 STREET ADDRESS <b>1507 Lantana Court</b>
TITLE <b>VD</b>	NAME <b>SIEGAL, THOMAS</b>	1.4 CITY-ST-ZIP <b>Weston, FL 33326</b>	2.1 TITLE <b>VD</b>
STREET ADDRESS <b>1200 WESTON ROAD</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL 33326</b>	2.2 NAME <b>Steve Berman</b>	2.3 STREET ADDRESS <b>1296 Ginger Circle</b>
TITLE <b>STD</b>	NAME <b>PASKOW, ROY G</b>	2.4 CITY-ST-ZIP <b>Weston, FL 33326</b>	3.1 TITLE <b>SD</b>
STREET ADDRESS <b>1200 WESTON ROAD</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL 33326</b>	3.2 NAME <b>Jerry Friedman</b>	3.3 STREET ADDRESS <b>1547 Lantana Drive</b>
TITLE <b>TD</b>	NAME <b>Ken Richenstein</b>	3.4 CITY-ST-ZIP <b>Weston, FL 33326</b>	4.1 TITLE <b>TD</b>
STREET ADDRESS <b>1483 Lantana Court</b>	CITY-ST-ZIP <b>Weston, FL 33326</b>	4.2 NAME <b>Mark Luxenburg</b>	4.3 STREET ADDRESS <b>1259 Camelia Circle</b>
TITLE <b>D</b>	NAME <b>Lennard Becker</b>	4.4 CITY-ST-ZIP <b>Weston, FL 33326</b>	5.1 TITLE <b>D</b>
STREET ADDRESS <b>1137 Ginger Circle</b>	CITY-ST-ZIP <b>Weston, FL 33326</b>	5.2 NAME <b>Mark Luxenburg</b>	5.3 STREET ADDRESS <b>1259 Camelia Circle</b>
TITLE <b>D</b>	NAME <b>Lennard Becker</b>	5.4 CITY-ST-ZIP <b>Weston, FL 33326</b>	6.1 TITLE <b>D</b>
STREET ADDRESS <b>1137 Ginger Circle</b>	CITY-ST-ZIP <b>Weston, FL 33326</b>	6.2 NAME <b>Lennard Becker</b>	6.3 STREET ADDRESS <b>1137 Ginger Circle</b>
TITLE <b>D</b>	NAME <b>Lennard Becker</b>	6.4 CITY-ST-ZIP <b>Weston, FL 33326</b>	6.4 CITY-ST-ZIP <b>Weston, FL 33326</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **21 MAR 97**

CR2E037 (9/96)