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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001488 (4)**

1. Corporation Name

THE ISLANDS AT WESTON MAINTENANCE ASSOCIATION, INC.



Principal Place of Business Mailing Address

1625 N COMMERCE PKWY
305
WESTON FL 33326
US

1625 N COMMERCE PKWY
305
WESTON FL 33326
US

3. Date Incorporated or Qualified

03/28/1995

4. FEI Number

65-0473647

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **3300 CORPORATE AVE.**

26 **3300 CORPORATE AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 110**

27 **SUITE 110**

City & State

City & State

23 **WESTON, FLA.**

28 **WESTON, FLA.**

Zip

Country **USA**

Zip

Country **U.S.A.**

24 **33331**

29 **33331**

30 **U.S.A.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, ROSEN & KREILI
1625 N COMMERCE PKWY
225
WESTON FL 33326

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HYNES, THOMAS	
STREET ADDRESS	1507 LANTANA CT	
CITY-ST-ZIP	WESTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERMAN, STEVE	
STREET ADDRESS	1296 GINGER CR	
CITY-ST-ZIP	WESTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, JERRY	
STREET ADDRESS	1547 LANTANA DR	
CITY-ST-ZIP	WESTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RICHENSTEIN, KEN	
STREET ADDRESS	1483 LANTANA CT	
CITY-ST-ZIP	WESTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUXENBURG, MARK	
STREET ADDRESS	1259 CAMELIA CR	
CITY-ST-ZIP	WESTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKER, LENNARD	
STREET ADDRESS	1137 GINGER CR	
CITY-ST-ZIP	WESTON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR SANDRA SHIN
5.3 STREET ADDRESS	1272 CAMELLIA LANE
5.4 CITY-ST-ZIP	WESTON, FLA. 33326
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

THOMAS HYNES, PRESIDENT

1/19/98

(954) 389-3116

CR2E037 (10/97)