

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90068 033 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000001488

1. Entity Name
THE ISLANDS AT WESTON MAINTENANCE ASSOCIATION, I

Principal Place of Business		Mailing Address	
3300 CORPORATE AVE 110 WESTON FL 33331 US		3300 CORPORATE AVE 110 WESTON FL 33331-3504 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0473647**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSEN, ROSEN & KREILI 1625 N COMMERCE PKWY 225 WESTON FL 33326		Name Rosen & Kreiling, P.A. Street Address (P.O. Box Number is Not Acceptable) 2500 Weston Rd. Suite 220 City Weston FL Zip Code 33326	

8. 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D Delete <input type="checkbox"/>	NAME HYNES, THOMAS STREET ADDRESS 1507 LANTANA CT CITY-ST-ZIP WESTON FL	TITLE Director Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME Amy Mellingner STREET ADDRESS 1231 Camellia Lane CITY-ST-ZIP Weston FL
TITLE PD Delete <input type="checkbox"/>	NAME BERMAN, STEVE STREET ADDRESS 1296 GINGER CR CITY-ST-ZIP WESTON FL	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD Delete <input type="checkbox"/>	NAME SALAS, PATTY STREET ADDRESS 1368 GINGER CIRCLE CITY-ST-ZIP WESTON FL 33326	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPD Delete <input type="checkbox"/>	NAME RICHENSTEIN, KEN STREET ADDRESS 1483 LANTANA CT CITY-ST-ZIP WESTON FL	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE TD Delete <input type="checkbox"/>	NAME SHIN, SANDRA STREET ADDRESS 1272 CAMELLIA LANE CITY-ST-ZIP WESTON FL 33326	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE D Delete <input type="checkbox"/>	NAME GOLDSTEIN, ALVIN STREET ADDRESS 1599 ISLAND WAY CITY-ST-ZIP WESTON FL 33326	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **01-12-00** DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)