

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N95000001488

**FILED**  
**Aug 01, 2018**  
**Secretary of State**  
**CC7188355450**

**Entity Name:** THE ISLANDS AT WESTON MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

1941 N.W. 150TH AVE.  
C/O LANDMARK MANAGEMENT SERVICES, INC.  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

1941 N.W. 150TH AVE.  
C/O LANDMARK MANAGEMENT SERVICES, INC.  
PEMBROKE PINES, FL 33028 US

**FEI Number: 65-0473647**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
C-207  
FORT LAUDERDALE, FL 33312 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: CHARLES F. OTTO, ESQ.**

**08/01/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SALAS, PATTY  
Address 1941 N.W. 150TH AVE.  
C/O LANDMARK MANAGEMENT SERVICES, INC.  
City-State-Zip: PEMBROKE PINES FL 33028

Title TD  
Name CHARPENTIER, KIMBERLY  
Address 1941 N.W. 150TH AVE.  
City-State-Zip: PEMBROKE PINES FL 33028

Title SECRETARY  
Name GACH, LOUIS  
Address 1941 N.W. 150TH AVE.  
C/O LANDMARK MANAGEMENT SERVICES, INC.  
City-State-Zip: PEMBROKE PINES FL 33028

Title D  
Name STRAUSS, CAROL  
Address 1941 N.W. 150TH AVE.  
C/O LANDMARK MANAGEMENT SERVICES, INC.  
City-State-Zip: PEMBROKE PINES FL 33028

Title VP  
Name BASHIR, JANIE  
Address 1941 N.W. 150TH AVE.  
C/O LANDMARK MANAGEMENT SERVICES, INC.  
City-State-Zip: PEMBROKE PINES FL 33028

Title REGISTERED AGENT  
Name GRADY, JACQUELINE A  
Address 4400 N. FEDERAL HWY SUITE 7  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR  
Name BERNADINI, PATRICIA  
Address 1941 N.W. 150TH AVE.  
C/O LANDMARK MANAGEMENT SERVICES, INC.  
City-State-Zip: PEMBROKE PINES FL 33028

*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: PATTY SALAS**

**PRESIDENT**

**08/01/2018**

