

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000104638

Entity Name: WESTON PROPERTY & CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**2555 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**Current Mailing Address:**2555 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US**FEI Number:** 20-0505287**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST P.O. BOX 6200
TALLAHASSEE, FL 32314-6200 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name AMADOR, EDUARDO M
Address 6801 INDIAN CREEK DR #601
City-State-Zip: MIAMI BEACH FL 33141

Title D
Name ALDULAIMI, RACHAEL L
Address 1770 CRANE CREEK BLVD
City-State-Zip: MELBOURNE FL 32940

Title D
Name SHELLEY-MELLO, MELISSA
Address 1092 GALLOP DR
City-State-Zip: LOXAHATCHEE FL 33470

Title D
Name VON HERBERSTEIN, EDOUARD
Address 10 WESTWOOD LANE
City-State-Zip: PAGET BERMUDA PG02

Title D
Name NIXON, DEANNE D
Address 1840 VILLAGE CT
City-State-Zip: FERNANDINA BEACH FL 32034

Title D
Name WEIDENBORNER, JANICE
Address 25 SOMERS HILL ROAD
City-State-Zip: HAMILTON PARISH OC FL04

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEANNE NIXON**PRESIDENT****05/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date