

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # 753248

1. Entity Name
WESTON LAKES 21, INC.



Principal Place of Business
**428 LAKEVIEW DRIVE
APT. 201
FT. LAUDERDALE, FL 33326 US**

Mailing Address
**S & A PROPERTY MGMT., INC
PO BOX 7179
DELRAY BEACH, FL 33482 US**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2188083

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**S. AND A. PROPERTY MANAGEMENT, INC.
7644 EAGLE POINT DRIVE
DELRAY BEACH, FL 33446**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUELLAR, FERNANDO
STREET ADDRESS	440 LAKEVIEW DR #102
CITY-ST-ZIP	WESTON, FL 33326
TITLE	VP
NAME	LOWEN, SCOTT
STREET ADDRESS	16502 RUBY LAKE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	ST
NAME	BRADLEY, RANDALL
STREET ADDRESS	432 LAKEVIEW DR #104
CITY-ST-ZIP	WESTON, FL 33326
TITLE	P
NAME	MURRAY, THOMAS
STREET ADDRESS	428 LAKEVIEW DRIVE, APT. 201
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	SHEKKWON, GONG
STREET ADDRESS	440 LAKEVIEW DR #201
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/08-80044-023 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas M. Murray **THOMAS M. MURRAY** 1/16/08 (954) 384-7523