

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753248

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: WESTON LAKES 21, INC.

## Current Principal Place of Business:

428 LAKEVIEW DRIVE  
APT. 201  
FT. LAUDERDALE, FL 33326 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2188083      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CUELLAR, FERNANDO  
Address: 440 LAKEVIEW DR #102  
City-St-Zip: WESTON, FL 33326

Title: VP ( ) Delete  
Name: LOWEN, SCOTT  
Address: 16502 RUBY LAKE  
City-St-Zip: WESTON, FL 33331

Title: ST ( ) Delete  
Name: BRADLEY, RANDALL  
Address: 432 LAKEVIEW DR #104  
City-St-Zip: WESTON, FL 33326

Title: P ( ) Delete  
Name: MURRAY, THOMAS  
Address: 428 LAKEVIEW DRIVE, APT. 201  
City-St-Zip: FT. LAUDERDALE, FL

Title: D ( ) Delete  
Name: SHEKKWON, GONG  
Address: 440 LAKEVIEW DR #201  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DAVIS, KEVIN  
Address: 432 LAKEVIEW DRIVE #101  
City-St-Zip: WESTON, FL 33326

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS MURRAY

P

01/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date