2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004137

1. Entity Name
VACATION VILLAGE AT WESTON OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3015 NORTH OCEAN BOULEVARD #121 FORT LAUDERDALE, FL 33308	16461 RACQUET CLUBROAD FORT LAUDERDALE, FL 33326

DO NOT WRITE IN THIS SPACE

01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1013640
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOSTER, REBECCA A
3015 N OCEAN BLVD
FORT LAUDERDALE, FL 33308

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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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OTTINO, J P
STREET ADDRESS	3015 NORTH OCEAN BOULEVARD #121
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VD
NAME	FOSTER, REBECCA
STREET ADDRESS	3015 NORTH OCEAN BOULEVARD #121
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	STD
NAME	FEIRSTEIN, JANICE
STREET ADDRESS	16461 RACQUET CLUB RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/06-80068-013 61.25

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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: Sec/Treas 2/1/06 9543858599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #