

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 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**

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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1013640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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

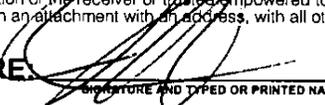
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTTINO, J P 3015 NORTH OCEAN BOULEVARD #121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOSTER, REBECCA 3015 NORTH OCEAN BOULEVARD #121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FEIRSTEIN, JANICE 16461 RACQUET CLUB RD 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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 05/05/08-80017-008 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 reports 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  **Janice Feirstein, Sec** **4/14/08 9543858599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #