

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006211

FILED
Apr 15, 2004
Secretary of State**Entity Name:** WESTON TOWN CENTER MAINTENANCE ASSOCIATION, INC.**Current Principal Place of Business:**1675 MARKET STREET
SUITE 207
WESTON, FL 33326**New Principal Place of Business:****Current Mailing Address:**1675 MARKET STREET
SUITE 207
WESTON, FL 33326**New Mailing Address:****FEI Number:** 65-1042708**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VALDES, GRACE
1675 MARKET STREET
SUITE 207
WESTON, FL 33326**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:** PD () Delete
Name: BELMONT, BARRY
Address: 620 COLLEGE AVE
City-St-Zip: HAVERFORD, PA 19041**Title:** VPD () Delete
Name: MARDINLY, PETER A
Address: 620 COLLEGE AVE
City-St-Zip: HAVERFORD, PA 19041**Title:** S () Delete
Name: VALDES, GRACE
Address: 1676 MARKET ST, SUITE 207
City-St-Zip: WESTON, FL 33326**Title:** TD () Delete
Name: HARNER, STEVE
Address: 620 COLLEGE AVE
City-St-Zip: HAVERFORD, PA 19041**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: BELMONT, BARRY
Address: 600 HAVERFORD ROAD SUITE G101
City-St-Zip: HAVERFORD, PA 19041**Title:** VPD (X) Change () Addition
Name: MARDINLY, PETER A
Address: 600 HAVERFORD ROAD SUITE G101
City-St-Zip: HAVERFORD, PA 19041**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: HARNER, STEVE
Address: 600 HAVERFORD ROAD SUITE G101
City-St-Zip: HAVERFORD, PA 19041

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARRY J BELMONT

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date