ANNUAL REPORT DOCUMENT # N01000002243



2007 NOT-FOR-PROFIT CORPORATION

FILED Apr 23, 2007 8:00 am Secretary of State

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1. Entity Nam WESTON ASSOCIA	PROFE	SSIONAL PLAZA NC.	MAINTE	NANCE					04-23-200	7 30038	014 0	1.23
1820 N CORPORATE LAKES BLVD 182: STE 206 STE WESTON, FL 33326 WES			1820 STE 2	ng Address 0 N CORPORATE LAKES BLVD 206 1TON, FL 33326				400.	 Ital ilain aann aank j	18111 18 111 18118 :	 	(1/10) 01 /05)
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Suite, Apt. #, etc. Su			Suit	uite, Apt. #, etc.			03022007	Chg-NP	CR2E	37 (12/06)		
City & State C			City	City & State				4. FEI Number 65-0873	971			oplied For ot Applicable
Zip Country Zip		Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Curren	it Registered	l Agent				7. Name and A	ddress of New	Registered	Agent	
LORENZO 1820 N CC STE 206		E LAKES BLVD				Name Street A	ddress (F	P.O. Box Number	is Not Acceptal	ble)		
	FL 33326	Б 🤞			[• •					
WESTON, FL 33326			City				FL Zip Co					
	named entitions of regist	y submits this statement tered agent.	for the purpo	se of changing its	registere	d office o	r register	ed agent, or both,	in the State of	Florida, I am	n familiar with,	and accept
SIGNATURE .	Signature, typed	for printed name of registered age	nt and title if applic	cable (NOTE	Registered	I Agent signat	ure required	when reinstating)		DATE		
SIGNATURE .	Filing Fe	or printed name of registered age the is \$61.25 May 1, 2007	int and title if applit	9. Election Can Trust Fund C	npaign Fi	nancing		when reinstating) \$5.00 May Be Added to Fees		Make chec	ck payable t	
SIGNATURE	Filing Fe	e is \$61.25		9. Election Can	npaign Fi	nancing		\$5.00 May Be	FI	Make chec orida Depa	rtment of S	tate
	P BRICENC 1820 N C	ee is \$61.25 May 1, 2007	DIRECTORS	9. Election Can	npaign Fi Contribution 11. TITLE NAME	nancing		\$5.00 May Be Added to Fees	FI IGES TO OFFIC	Make chec orida Depa	rtment of S	tate
10. TITLE NAME STREET ADDRESS	P BRICENC 1820 N C WESTON VP SIFONTE 1820 N C	OFFICERS AND DO ORPORATE LAKES E	DIRECTORS BLVD #205	9. Election Can Trust Fund C	npaign Fi Contribution 11. TITLE NAME CITY- TITLE NAME STREE	nancing on. ET ADDRESS ST-ZIP		\$5.00 May Be Added to Fees ADDITIONS/CHAR	FINGES TO OFFICE	Make chec orida Depa CERS AND D	Irtment of S IRECTORS IN Change	tate √ 10 ☐ Addition
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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.

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SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2007

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Date Daytime Phone ⊀