
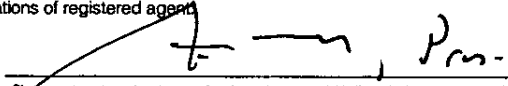
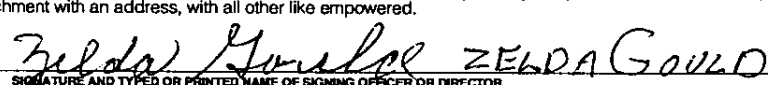


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mariposa Pointe at W

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90122 006 ****61.25

| | | | | | |
|---|--------------------------|--|---|---|--|
| DOCUMENT # N01000002449 1. Entity Name MARIPOSA POINTE AT WESTON TOWN CENTER CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business C/O CASTLE MANAGEMENT, INC. PO BOX 189013 PLANTATION, FL 33318 | | | Mailing Address C/O CASTLE MANAGEMENT, INC. PO BOX 189013 PLANTATION, FL 33318 | | |
| 2. Principal Place of Business C/O CASTLE GROUP Suite, Apt. #, etc. 12270 SW 3RD STREET City & State PLANTATION, FL Zip 33325 | | | 3. Mailing Address C/O CASTLE GROUP Suite, Apt. #, etc. P.O. BOX 559009 City & State FT. LAUDERDALE, FL Zip 33355-9009 | | |
| 4. FEI Number 65-1074554 | | | 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 CASTLE MANAGEMENT, INC. 4450 W. SUNRISE BOULEVARD. #100 PLANTATION, FL 33313 | | | | 7. Name and Address of New Registered Agent Name GARY A. POLLAKOFF Beckel & Pollakoff Street Address (P.O. Box Number is Not Acceptable) 3111 Stirling Road City Ft. Lauderdale FL Zip 33325 | |
| 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  DATE 5-9-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | |
| STREET ADDRESS | GERBER, ROY L | | | | |
| CITY-ST-ZIP | 1556 PASSION VINE CIRCLE | | | | |
| | WESTON, FL 33326 | | | | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete | | | |
| NAME | FINKELBERG, SANDRA | | | | |
| STREET ADDRESS | 1507 PASSION VICE CIR. | | | | |
| CITY-ST-ZIP | WESTON, FL 33326 | | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | | |
| NAME | ANDERSON, JIM | | | | |
| STREET ADDRESS | 1599 PASSION VINE CIRCLE | | | | |
| CITY-ST-ZIP | WESTON, FL 33326 | | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | | |
| NAME | WONG, MAE | | | | |
| STREET ADDRESS | 1527 PASSION VICE CIR. | | | | |
| CITY-ST-ZIP | WESTON, FL 33326 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | ROLELS, HERMAN | | | | |
| STREET ADDRESS | 1647 PASION VINE CIR. | | | | |
| CITY-ST-ZIP | WESTON, FL 33326 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | GOULD, ZELDA | | | | |
| STREET ADDRESS | 1630 PASSION VINE CIRCLE | | | | |
| CITY-ST-ZIP | WESTON, FL 33326 | | | | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | DE PALMA, LEONARD | | | | |
| STREET ADDRESS | 1640 PASSION VINE CIRCLE | | | | |
| CITY-ST-ZIP | WESTON, FL 33326 | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | ROBELS, HERMANN | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  ZELDA GOULD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date 4/26/2005 Daytime Phone # | | | | | |

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