

FILED
Jun 13, 2006 8:00 am
Secretary of State

06-13-2006 90001 015 ****61.25

DOCUMENT # N01000002449

1. Entity Name
**MARIPOSA POINTE AT WESTON TOWN CENTER
 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
 C/O CASTLE GROUP
 12770 SW 3RD STREET
 PLANTATION, FL 33325 US

Mailing Address
 C/O CASTLE GROUP
 PO BOX 559009
 UNIT, FL 33355-9009 US

50021386



04132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

4. FEI Number
65-1074554

Applied For
☐ Not Applicable

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

City & State
PLANTATION, FL

City & State
 City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF
 C/O GARY A POLIAKOFF
 3111 STIRLING ROAD
 FORT LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERBER, ROY L 1556 PASSION VINE CIRCLE WESTON, FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOULD, ZELDA 1630 PASSION VINE CIR WESTON, FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE PALMA, LEONARD 1640 PASSION VINE CIR WESTON, FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBELS, HERMANN 1647 PASION VINE CIR. WESTON, FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIJTENBURG, MARC 1557 PASSION VINE WESTON, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FISCHER, WILLIAM 1641 PASSION VINE WESTON, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SACKS, WENDY 1645 PASSION VINE WESTON, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANS, DORN 1624 PASSION FINE WESTON, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEARS, RANDALL 1591 PASSION VINE WESTON, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Wijtenburg

4-19-06 954 326 9076

Date

Daytime Phone #