

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002449

FILED  
Apr 09, 2010  
Secretary of State

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

**Current Principal Place of Business:**

C/O CASTLE GROUP  
12770 SW 3RD STREET  
PLANTATION, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CASTLE GROUP  
PO BOX 559009  
FORT LAUDERDALE, FL 33355 US

**New Mailing Address:**

**FEI Number:** 65-1074554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**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  
Name: SPEARS, WINSFORD  
Address: 1617 PASSION VINE CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: VD  
Name: GERBER, ROY  
Address: 1556 PASSION VINE CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: TD  
Name: CHASE, ALAN  
Address: 1577 PASSION VINE CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: SD  
Name: RUSSO, CLAUDIA  
Address: 1549 PASSION VINE CIRCLE  
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date