NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State
03-28-2003 90111 024 ****61.25

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DOCUMENT # N01000002449

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

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
c/o Castle Management, Inc.	c/o Castle Mgmt. Inc.
Suite, Apt. #, etc.: P.O. Box 189013	Suite, Apt. #, etc.: P.O. Box 189013
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33318 Country: US	Zip: 33318 Country: US

4. FEI Number: 65-1074554 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Castle Management, Inc.

Street Address (P.O. Box Number is Not Acceptable): 4450 W. Sunrise Boulevard, #100

City: Plantation FL Zip Code: 33313

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: Robert Donnelly, Executive V. P. 2/18/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	PD
NAME	Gerber, Roy L.
STREET ADDRESS	1556 Passion Vine Circle
CITY-ST-ZIP	Weston, FL 33326
TITLE	VD
NAME	Schaumburg, Tyra
STREET ADDRESS	1625 Passion Vine Circle
CITY-ST-ZIP	Weston, FL 33326
TITLE	SD
NAME	Lopatin, Robin
STREET ADDRESS	1614 Passion Vine Circle
CITY-ST-ZIP	Weston, FL 33326
TITLE	TD
NAME	Jim Anderson
STREET ADDRESS	1599 Passion Vine Circle
CITY-ST-ZIP	Weston, FL 33326
TITLE	D
NAME	Goren, Lee
STREET ADDRESS	1595 Passion Vine Circle
CITY-ST-ZIP	Weston, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Roy L. Gerber, President 2/20/03 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #