Legends at Weston Hills Country Club Condominium Association, Inc., The

04-17-2008 90161 001 *5,818.75
N02000000190

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Entity Name
THE LEGENDS AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33318 US	C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355-9009 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number 03-0380581 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BAKALAR & EICHNER
150 S PINE ISLAND STE 540
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
~~(CORRECT ADDRESS ONLY)~~
Street Address (P.O. Box Number is Not Acceptable)
150 SOUTH PINE ISLAND ROAD, SUITE 540
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, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CANTOR, BERNIE 2865 KINSINGTON CIRCLE WESTON, FL 33327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARDENER, NEAL 2795 KINSINGTON CIRCLE WESTON, FL 33327 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOKOLIK, KATHLEEN 2802 KINSINGTON CIRCLE WESTON, FL 33327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SROUR, SUZANNE 2747 KINSINGTON CIRCLE WESTON, FL 33327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4/29 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAPP, JULIE 2706 SINSINGTON CIRCLE WESTON, FL 33327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SALEDO, MAPPY 2858 KINSINGTON CIRCLE WESTON, FL 33327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZDRAHAL, OLIVIA 2720 KINSINGTON CIRCLE WESTON, FL 33327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Bernard Cantor 4/9/08 954 612 7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #