

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90059 038 ****61.25

DOCUMENT # N02000005072 1. Entity Name THE WESTON COMMONS PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 120 E. PALMETTO PARK RD SUITE 410 BOCA RATON, FL 33432		Mailing Address 120 E. PALMETTO PARK RD SUITE 410 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # One Financial Plaza Suite, Apt. #, etc. Suite 102		3. Mailing Address One Financial Plaza Suite, Apt. #, etc. Suite 102	
City & State Ft. Lauderdale FL		City & State Ft. Lauderdale FL	
Zip 33394	Country USA	Zip 33394	Country USA
4. FEI Number 20-1041908		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMIGRAN, KENNETH H 120 E. PALMETTO PARK RD, STE 410 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Simigran, Kenneth H. Street Address (P.O. Box Number is Not Acceptable) One Financial Plaza Suite 102 Ft. Lauderdale FL 33394	
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 4-17-07	
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, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIMIGRAN, KENNETH H 120 E. PALMETTO PARK RD, STE 410 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Financial Plaza, Suite 102 Ft. Lauderdale FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DOUGLAS, STEPHEN M 120 E. PALMETTO PARK RD, STE 410 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Financial Plaza Suite 102 Ft. Lauderdale FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHAHAM, JACOB 11377 S.W. 84TH STREET MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:		DATE 4-17-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (954) 616-1113	