


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005072 1. Entity Name THE WESTON COMMONS PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business ONE FINANCIAL PLAZA SUITE 102 FORT LAUDERDALE, FL 33394	Mailing Address ONE FINANCIAL PLAZA SUITE 102 FORT LAUDERDALE, FL 33394
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-NP CR2E037 (4/06)

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
ONE FINANCIAL PLAZA
SUITE 102
FORT LAUDERDALE, FL 33394**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	05/08/08-80058-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMIGRAN, KENNETH H ONE FINANCIAL PLAZA SUITE 102 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOUGLAS, STEPHEN M ONE FINANCIAL PLAZA SUITE 102 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAHAM, JACOB 11377 S.W. 84TH STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Kenneth H. Simigran** **4/17-08 (754) 727-0330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #