

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

05-03-2006 90237 017 ****61.25

DOCUMENT # N04000001645
 1. Entity Name
WESTON COMMERCIAL CENTER F OWNERS ASSOCIATION, INC.



Principal Place of Business
2600 GLADES CIR NO 200 WESTON, FL 33327

Mailing Address
2600 GLADES CIR NO 200 WESTON, FL 33327

66021268



2. Principal Place of Business
2850 Glades Cir.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 268025
 Suite, Apt. #, etc.

04012006 Chg-NP CR2E037 (11/05)

City & State
Weston FL

City & State
Weston FL

Zip
33327 Country
Brow

Zip
FL 33326 Country

4. FEI Number
20-2305647

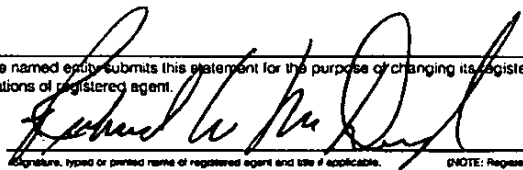
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SOELMAN, KENNETH
2600 GLADES CIR NO 100
WESTON, FL 33327

7. Name and Address of New Registered Agent
 Name **RICHARD W. McDONOUGH II**
 Street Address (P.O. Box Number is Not Acceptable)
1786 NW 55 AV
 City **LAUDERHILL** 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  DATE **4-28-06**

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

Filing Fee is **\$61.25**
 Due by **May 1, 2006**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Carol Hernandez	P.O. Box 268025	Weston FL 33326	<input type="checkbox"/>
	ROXANN ORTEGA	P.O. Box 268025	Weston FL 33326	<input type="checkbox"/>
	Carlos Cardenas	P.O. Box 268025	Weston FL 33326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	vice President			<input type="checkbox"/>	<input type="checkbox"/>
	Director			<input type="checkbox"/>	<input type="checkbox"/>
	President			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **x Carol Hernandez**

x 4/29/06 x 954-321-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devere Phone #