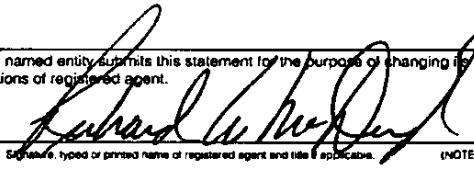


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90237 018 ****61.25

DOCUMENT # N04000001646					
1. Entity Name WESTON COMMERCIAL CENTER B 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		
2. Principal Place of Business 2950 Glades Cir			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2305888	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDELMAN, KENNETH 2600 GLADES CIR NO 100 WESTON, FL 33327				7. Name and Address of New Registered Agent Name RICHARD W. McDONOUGH H 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 re-registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FRANCESCO FURNARI 2950 Glades Circle #2 Weston, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rafael Gabaldon 2950 Glades Circle #15 Weston, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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: x FRANCESCO FURNARI			Date 4-28-06 Daytime Phone # x954-321-1000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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04012006 Chg-NP CR2ED37 (11/05)