2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # N04000001646 WESTON COMMERCIAL CENTER B OWNERS 07 JUL 19 PM 2: 19 ASSOCIATION, INC. SECRETARY OF STATE Principal Place of Business TALLAHASSEE. FLORIDA Mailing Address 2950 GLADES CIR NO 200 2950 GLADES CIR NO 200 WESTON, FL 33327 WESTON, FL 33327 2. Principal Place of Business - No P.Q. Box # 2950 G/4des Suite, Apt. #, etc. 05042007 Chq-NP CR2E037 (12/06) 4. FEI Number Applied For 20-2305888 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered MCDONOUGH, RICHARD W 1786 NW 55 AVE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33313 City Zip Code 8. The above named entity submits this statem g its régistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of re-SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE □ Delete TITLE ☐ Change ☐ Addition FURNARI, FRANCESCO NAME **8001066406** 97/24/97--01052--004 NAME 26 STREET ADDRESS 2950 GLADES CIRCLE #2 STREET ADORESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP v . 🖊 . TITE ☐ Delete Change | ■ Addition NAME GABALDON, RAFAEL NAME 2950 GLADES CIRCLE #15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 empoyered 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 aggress, with all other like empowered. 07/18/07 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Daytime Phone