


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

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000008450		
1. Entity Name WESTON FRIENDS OF THE LIBRARY, INC.		
Principal Place of Business 4307 FOX HOLLOW WESTON, FL 33331	Mailing Address 4307 FOX HOLLOW WESTON, FL 33331	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WEISS SEROTA HELFMAN PASTORIZA GUEDES COLE 2665 S BAYSHORE DR STE 420 MIAMI, FL 33133		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		U000000841788 03/11/08-80002-011 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABIB, MONA 4307 FOX HOLLOW WESTON, FL 33331	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORMAN, ELLEN 490 ALEXANDRA CIRCLE WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, ALEXANDRA 1656 ORION LN WESTON, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Alexandra Cohen-Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/25/08</u> <u>954-349-6316</u> <small>Date Daytime Phone #</small>

ALEXANDRA L. COHEN-TREASURER