## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## 04-28-2005 90170 007 \*\*\*\*70.00 **DOCUMENT # N04000011472** 1. Entity Name WESTON COMMONS NORTH PROPERTY OWNERS ASSOCIATION, INC. 14003594 Principal Place of Business Mailing Address 120 E PALMETTO PARK ROAD SUITE 410 120 E PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 03302005 Chg-NP CR2E037 (10/03) City & State City & State Applied For FEI Numbe Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMIGRAN, KENNETH H Street Address (P.O. Box Number is Not Acceptable) 120 E PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL. 33432 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SIMIGRAN, KENNETH NAME STREET ADDRESS 120 E PALMETTO PARK ROAD SUITE 410 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP VD TITLE ☐ Delete TITL F Change ☐ Addition DOUGLAS, STEPHEN M NAME NAME STREET ADDRESS 120 E PALMETTO PARK ROAD SUITE 410 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP DST DS7 Addition TITLE Z Oelete TITLE Pender, Bruitto NAME ONEILL, DEAN NAME STREET ADDRESS 120 E PALMETTO PARK ROAD SUITE 410 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP 33432 - 4835 TITLE ☐ Detete TITLE ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 must be 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 any address, with all other like empowered.

NAME

TITLE

NAME

TITLE

STREET ADDRESS

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SIGNATURE:

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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Dale Daytime Phone #

Change

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☐ Addition

FILED

Apr 28, 2005 8:00 am

Secretary of State