

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 24, 2009  
Secretary of State**

DOCUMENT# N04000011472

Entity Name: WESTON COMMONS NORTH PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2555 E. CAMELBACK RD  
SUITE 400  
PHOENIX, AZ 85016

**New Principal Place of Business:**

**Current Mailing Address:**

2555 E. CAMELBACK RD  
SUITE 400  
PHOENIX, AZ 85016

**New Mailing Address:**

FEI Number: 20-2399132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ENGELMANN, PATRICIA  
Address: 2555 E. CAMELBACK RD., STE. 400  
City-St-Zip: PHOENIX, AZ 85016

Title: VD ( ) Delete  
Name: MATTHEWS, ANN  
Address: 2555 E. CAMELBACK RD., STE. 400  
City-St-Zip: PHOENIX, AZ 85016

Title: STD ( ) Delete  
Name: CAVALLUCCI, RUTH  
Address: 2555 E. CAMELBACK RD., STE. 400  
City-St-Zip: PHOENIX, AZ 85016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH CAVALLUCCI

STD

06/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date