

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005799

FILED
Feb 24, 2009
Secretary of State

Entity Name: WESTON 55 PLUS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11355 SW 84TH STREET
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

11355 SW 84TH STREET
MIAMI, FL 33173

New Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FT. LAUDERDALE, FL 33355

FEI Number: 20-5939227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARS, GARY M
150 WEST FLAGLER ST
27TH FLOOR
MIAMI, FL 33130 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: P () Delete
Name: BENENFELD, BRUCE J
Address: 16125 EMERALD ESTATES DRIVE
City-St-Zip: WESTON, FL 33331

Title: VP () Delete
Name: ROTHBERG, MELVIN
Address: 16116 EMERALD ESTATES DRIVE
City-St-Zip: WESTON, FL 33331

Title: T () Delete
Name: PARIS, GEOFFREY
Address: 16105 EMERALD ESTATES DRIVE
City-St-Zip: WESTON, FL 33331

Title: S () Delete
Name: BERMAN, DONALD A
Address: 16130 EMERALD ESTATES DRIVE
City-St-Zip: WESTON, FL 33331

Title: AS () Delete
Name: HERSH, DONALD
Address: 16113 EMERALD ESTATES DRIVE
City-St-Zip: WESTON, FL 33331

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:

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: ROBERT A. DONNELLY

MGR

02/24/2009

Electronic Signature of Signing Officer or Director

Date