

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005863

FILED
Feb 24, 2009
Secretary of State

Entity Name: WESTON 55 PLUS CONDOMINIUM 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: 20-5939197

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: MARCUS, IRWIN S
Address: 16101 EMERALD ESTATES DRIVE #354
City-St-Zip: WESTON, FL 33331

Title: VP () Delete
Name: HERMAN, LAWRENCE
Address: 16101 EMERALD ESTATES DRIVE #448
City-St-Zip: WESTON, FL 33331

Title: T () Delete
Name: AGRESS, NORMA
Address: 16102 EMERALD ESTATES DRIVE #201
City-St-Zip: WESTON, FL 33331

Title: S () Delete
Name: ALBOUKREK, ISAAC
Address: 16135 EMERALD ESTATES DRIVE #265
City-St-Zip: WESTON, FL 33331

Title: AS () Delete
Name: KOENIGSBERG, PETER
Address: 16100 EMERALD ESTATES DRIVE #497
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