

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005932

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** WESTON 55 PLUS MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

11355 S.W. 84TH STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-5939144

**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: PD  
Name: ALBOUKREK, ISAAC  
Address: 16102 EMERALD ESTATES DRIVE #265  
City-St-Zip: WESTON, FL 33331

Title: D  
Name: UMSCHWEIS, FRED  
Address: 16135 EMERALD ESTATES DRIVE #372  
City-St-Zip: WESTON, FL 33331

Title: VPD  
Name: AGRESSS, NORMA  
Address: 16102 EMERALD ESTATES DRIVE #201  
City-St-Zip: WESTON, FL 33331

Title: SD  
Name: WATKINS, WENDELL  
Address: 16101 EMERALD ESTATES DRIVE, #341  
City-St-Zip: WESTON, FL 33331

Title: TD  
Name: BROWN, GARY  
Address: 16134 EMERALD ESTATES DRIVE  
City-St-Zip: WESTON, FL 33331

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date