SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $705)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:22

DOCUMENT # **N41866** **(7)**

1. Corporation Name

HOMEOWNERS' ASSOCIATION AT WESTON, INC.

Principal Place of Business	Mailing Address
% LEGAL INFORMATION SERVICES-ROY OPPENHEIM 1290 WESTON ROAD, SUITE 214 FT. LAUDERDALE FL 33326	% LEGAL INFORMATION SERVICES-ROY OPPENHEIM 1290 WESTON ROAD, SUITE 214 FT. LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES
ATTN: ROY OPPENHEIM
1290 WESTON ROAD, SUITE 214
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	STERLING, GLENN	12 NAME		
STREET ADDRESS	889 GARNET CIR.	13 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	KELLER, STEVE	22 NAME		
STREET ADDRESS	700 SPINNAKER	23 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	GRIMSON, MARCIA	32 NAME		
STREET ADDRESS	1043 LAGUNA SPRINGS DR.	33 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	T/D	☒ Change ☐ Addition
NAME	CHAIS, MURRAY	42 NAME	Fishbein, Cindy	
STREET ADDRESS	1609 EASTLAKE WAY	43 STREET ADDRESS	579 Stonemont Drive	
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	Ft. Lauderdale, FL 33326	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BALLIS, KIM	52 NAME		
STREET ADDRESS	1242 TERRYSTONE CT	53 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	FLINT, JOHN	62 NAME		
STREET ADDRESS	1065 SPYGLASS	63 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cindy Fishbein _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000533