

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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- 300  
FT. LAUDERDALE FL 33326  
% LEGAL INFORMATION SERVICES-ROY OPPENHEIM  
1290 WESTON ROAD, SUITE 214- 300  
FT. LAUDERDALE FL 33326

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 Suite 300 27 Suite 300  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 01/30/1991 3a. Date of Last Report 07/24/1995  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
LEGAL INFORMATION SERVICES  
ATTN: ROY OPPENHEIM  
1290 WESTON ROAD, SUITE 214- 300  
FT. LAUDERDALE FL 33326

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PD STERLING, GLENN 889 GARNET CIR. FT LAUDERDALE FL  
V KELLER, STEVE 700 SPINNAKER FT LAUDERDALE FL  
SD GRIMSON, MARCIA 1043 LAGUNA SPRINGS DR. FT LAUDERDALE FL  
Y CHAIS, MURRAY 1808 EASTLAKE WAY FT LAUDERDALE FL  
D BALLIS, KIM 1242 TERRYSTONE CT FT LAUDERDALE FL  
D FLINT, JOHN 1065 SPYGLASS FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  
Neal Gardner PD 2502 Eaglewatch Lane Fort Lauderdale, Florida 33327  
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  
Renee Smoley VD 1032 Pine Branch Drive Fort Lauderdale, Florida 33326  
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  
Carmen Gans VD 367 Coconut Circle Fort Lauderdale, Florida 33326  
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  
Rosalie Bernstein TD 1905 River Oaks Fort Lauderdale, Florida 33326  
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  
Byron Jaffe SD 1500 Seabay Road Fort Lauderdale, Florida 33326  
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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: [Signature] 8/13/96 389-1112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)