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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90217 017 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N41866**

1. Corporation Name

**HOMEOWNERS' ASSOCIATION AT WESTON, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/30/1991

4. FEI Number

65-0262518

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **STERLING, GLENN**  
STREET ADDRESS **2513 POINCIANA DR**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **VP** ☐ DELETE  
NAME **SMOLEY, RENEE**  
STREET ADDRESS **1032 PINE BRANCH DR**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE **SD** ☐ DELETE  
NAME **SHAW, JACK**  
STREET ADDRESS **1123 HICKORY WAY**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **TD** ☐ DELETE  
NAME **HOPPENFELD, JEFFREY**  
STREET ADDRESS **1331 SEAGRAPE**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **SHAW, JACK**  
1.3 STREET ADDRESS **1123 HICKORY WAY**  
1.4 CITY-ST-ZIP **WESTON FL 33327**

2.1 TITLE **SD** ☐ Change ☒ Addition  
2.2 NAME **ROSE, BARRY**  
2.3 STREET ADDRESS **585 CAMBRIDGE DR**  
2.4 CITY-ST-ZIP **WESTON FL 33326**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other names empowered.

SIGNATURE:

**JACK SHAW** 4/21/1999 (954) 389-5397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)