5/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State
05-04-2001 90107 045 ****61.25

DOCUMENT # N41866

1. Entity Name

HOMEOWNERS' ASSOCIATION AT WESTON, INC.

Principal Place of Business	Mailing Address
1290 WESTON ROAD, SUITE 300 FT. LAUDERDALE FL 33326 US	1290 WESTON ROAD, SUITE 300 FT. LAUDERDALE FL 33326 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0262518 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEGAL INFORMATION SERVICES ATTN: ROY OPPENHEIM 1290 WESTON ROAD, SUITE ~~214~~ 300 FT. LAUDERDALE FL 33326	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHAW, JACK 1123 HICKORYH WAY WESTON FL 33327	☒ Delete	PRESIDENT BARRY M. ROSE 585 CAMBRIDGE DR WESTON FL 33326	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMOLEY, RENEE 1032 PINE BRANCH DR WESTON FL 33326	☒ Delete	VICE PRESIDENT MONA HABIB 4307 FOX HOLLOW WESTON FL 33331	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHAW, JACK 1123 HICKORY WAY WESTON FL 33327	☒ Delete	VICE PRESIDENT PHILLIP KACHLOVICH 1183 MAHOGANY LN WESTON 33327 FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOPPENFILD, JEFFREY 1331 SEAGRAPE WESTON FL 33326	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROSE, BARRY 585 CAMBRIDGE DR WESTON FL 33326	☐ Delete	SECRATARY SUE SUSMAN 3773 OAK RIDGE LN. WESTON FL 33331	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 4-26-01 954-520-5073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #