

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001488

1. Entity Name

THE ISLANDS AT WESTON MAINTENANCE ASSOCIATION, I

Principal Place of Business

3300 CORPORATE AVE
110
WESTON FL 33331
US

Mailing Address

3300 CORPORATE AVE
110
WESTON FL 33331
US

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

65-0473647

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

ROSEN & KREILING, P.A.
2500 WESTON RD
SUITE 220
WESTON 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 D
NAME HYNES, THOMAS
STREET ADDRESS 1507 LANTANA CT
CITY-ST-ZIP WESTON FL ☒ Delete

TITLE D
NAME ROBERT MESSINA
STREET ADDRESS 1442 Lantana Dr.
CITY-ST-ZIP Weston FL 33326 ☐ Change ☒ Addition

TITLE PD
NAME BERMAN, STEVE
STREET ADDRESS 1296 GINGER CR
CITY-ST-ZIP WESTON FL ☐ Delete

TITLE D
NAME AMY MELLINGER
STREET ADDRESS 1231 Camellia Lane
CITY-ST-ZIP Weston FL 33326 ☐ Change ☒ Addition

TITLE SD
NAME SALAS, PATTY
STREET ADDRESS 1368 GINGER CIRCLE
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME RICHENSTEIN, KEN
STREET ADDRESS 1483 LANTANA CT
CITY-ST-ZIP WESTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME SHIN, SANDRA
STREET ADDRESS 1272 CAMELLIA LANE
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GOLDSTEIN, ALVIN
STREET ADDRESS 1599 ISLAND WAY
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Signature of PATTY SALAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 954-349-8777
Date Daytime Phone #

917143



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)