## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N95000001488**

1. Entity Name
THE ISLANDS AT WESTON MAINTENANCE
ASSOCIATION, INC.



**FILED** Feb 21, 2005 8:00 am Secretary of State 02-21-2005 90075 013 \*\*\*\*61.25

Principal Plac	a of Business	<del></del> -	Mailing	Addronn				20013938						
C/O GABLES PROPERTY MANAGEMENT, INC. 3300 CORPORATE AVE., SUITE 110 33				ailing Address :/O GABLES PROPERTY MANAGEMENT, INC. :300 CORPORATE AVE., SUITE 110 VESTON, FL 33331 US							'	::::::::::::::::::::::::::::::::::::::		
Principal Place of Business     3. Mailing Address														
2. Tilliopari dec di Sasilicas								( tabilis) Oto ra	187 <b>6</b> 1141 <b>88</b> 115 <b>88</b> 441 <b>8</b>	EIRT Affill ABI BE II BRI	. BIZAF 18181 18	THE STATES		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01122005	Chg-NP	CR2E037	′ (10/03)			
City & State			City	& State				4. FEI Number Applied For 65-0473647 Not Applicat			<del></del>			
Zip Country			Zip	Zip · Cou			5. Certificate of Status Desired See Required			ditional				
6. Name and Address of Current Re			l legistered	ered Agent			7. Name and Address of New Registered Agent							
						Name								
POLIAKOR BECKER &		Street Address			(P.O. Box Number is Not Acceptable)									
3111 STIRLING ROAD FT. LAUDERDALE, FL 33312-6525														
							<u> </u>	• .		FL	Zip Cod	θ		
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. I am familiar with, and accept														
the obligat	ions of regist	ered agent.												
												-		
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applic.	eble. (NOT)	: Registered	d Agent signal	trite tedniseq	when reinstating)		DATE				
Filing Fee is \$61.25  Due by May 1, 2005  9. Election Campaig Trust Fund Contri								\$5.00 May Be Added to Fees		Make check p orida Departn				
10.		OFFICERS AND DIR	ECTORS	<del></del>	11.	·		ADDITIONS/CHAN	GES TO OFFIC	FRS AND DIRE	CTORS IN	10 /		
TITLE	Р	, OFFICERS AND DIT		Defete	TITLE		₹ .	DDITIONA (CIT)	020100110		Change	Addition		
NAME	ZUCKERN	IAN, INA			NAME		ROT	HAL, KIC	K	•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
STREET ADDRESS							DDRESS 3300 Corporate Ave, #110							
CITY-ST-ZIP	WESTON, FL 33331			CITY		-ST-ZIP	we	ston' F	- <i>3</i> 333	1				
TITLE	VP			☐ Delete	TITLE		D			ŀ	Change	Addition		
NAME	MAY, LAWRENCE				NAME			MAY, LAWRENCE						
STREET ADDRESS CITY-ST-ZIP	s 3300 CORPORATE AVE., #110 WESTON, FL 33331				restablished to the state of th									
	D	FL 33331		70.11			1	aton Fr	33331		Change	Addition		
NAME	SALAS, P.	ATTY		Delete	TITLE		VP	RES, LOL		٠. '	☐ Change	INT ABOUT		
STREET ADDRESS	l '	PORATE AVE., #110				ET ADDRESS	330	A Carmor	۰. محمد همد	#110				
CITY-ST-ZIP	ļ	FL 33326			CITY-	-ST-ZIP	المارا	o Corpor	35.33	3 1		,		
TITLE	Т		_	Delete	TITLE		51				☐ Change	Addition		
NAME	POWELL,	CAROLYN			NAME	E	CAC	H, LOUIS						
STREET ADDRESS		PORATE AVE., #110				ET ADORESS	3300	corpora	ite Ave	#110				
CITY-ST-ZIP	WESTON,	FL 33331	_		_	·ST-ZIP	1000	stan Fr	- <u>3333</u>	<u> </u>				
TITLE	D	-D 411V		Delete	TITLE		D				Change	Addition		
NAME	MELLINGI	•			NAME		GRO	SSEN, GU	iller.	40				
STREET ADDRESS	TREET ADDRESS   1272 CAMELLIA LANE			•	CITY-ST		ـ ا	Corpora		74110				
TITLE	S			Delete	TITLE		D	ston, E		<del>ر ر ده</del>	Change	Addition		
NAME	GOLDSTE	IN, ALVIN		-	NAME		. ما	wez, e	DUADN			<del>-</del>		
STREET ADDRESS		PORATE AVE., #110	144		STREE	ET ADDRESS	3300		te Ave			<b></b> i		
CITY-ST-ZIP WESTON, FL 33331						ST-ZIP	برص	ton FL	3333	, L				
12 Lhoreby	artify that the	information complied with t	bie filipa de	one not qualify for	the ever	notion eta	ted in Sec	tion 119 07/31/i)	Florida Statutos	Liturther certifi	v that the in	formation		

I nereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee embowered 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: