# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2008 8:00 am**
**Secretary of State**
04-28-2008 90360 050 ****61.25

DOCUMENT # N95000001488

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

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CASTLE GROUP<br>12270 SW 3RD ST<br>PLANTATION, FL 33325 US | C/O CASTLE GROUP<br>PO BOX 559009<br>FORT LAUDERDALE, FL 33355 US |

04162008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Landmark Management | Landmark Management |
| Suite, Apt. #, etc.: 1941 NW 150 Ave | Suite, Apt. #, etc.: 1941 NW 150 Ave |
| City & State: Pembroke Pines FL | City & State: Pembroke Pines FL |
| Zip: 33028 Country: Broward | Zip: 33028 Country: Broward |

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**

POLIAKOFF, GARY A
BECKER & POLKIAKOFF, PA
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312-6525

**7. Name and Address of New Registered Agent**

Name: BAKALAR & EICHNER, P.A.
Street Address (P.O. Box Number is Not Acceptable): 150 S. PINE ISLAND RD, #540
City: PLANTATION FL Zip Code: 33324

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 obligations of registered agent.

SIGNATURE: Bakalar & Eichner PA 4/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GOLDSTEIN, ALVIN<br>1599 ISLAND WAY<br>WESTON, FL 33326 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>KATZ, GERRY<br>1433 CAMELLIA CIR<br>WESTON, FL 33326 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TORRES, LOU<br>1476 LANTANA DR<br>WESTON, FL 33326 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SALAS, PATTY<br>1368 GINGER CIR<br>WESTON, FL 33326 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GROSSEN, WILLIE<br>1200 CAMELLIA LN<br>WESTON, FL 33326 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CHARPENTIER, KIM<br>1332 CAMELLIA LN<br>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 exemptions contained in Chapter 119, 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:** _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR