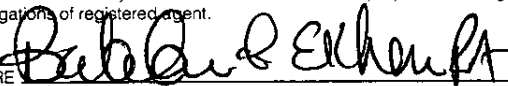
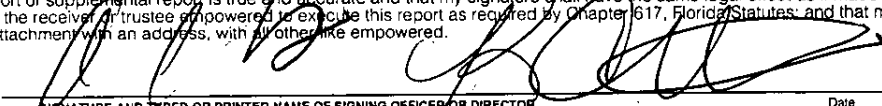


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 C/O CASTLE GROUP 12270 SW 3RD ST PLANTATION, FL 33325 US		Mailing Address C/O CASTLE GROUP PO BOX 559009 FORT LAUDERDALE, FL 33355 US	
2. Principal Place of Business - No P.O. Box # Landmark Management		3. Mailing Address 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		Zip 33028	
Country Broward		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 & POLIAKOFF, 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 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  Signature, typed or printed name of registered agent and title if applicable. 4/16/08 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	PD GOLDSTEIN, ALVIN	TITLE	☐ Change ☐ Addition
STREET ADDRESS	1599 ISLAND WAY	STREET ADDRESS	
CITY - ST - ZIP	WESTON, FL 33326	CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KATZ, GERRY 1433 CAMELLIA CIR WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORRES, LOU 1476 LANTANA DR WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SALAS, PATTY 1368 GINGER CIR WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROSSEN, WILLIE 1200 CAMELLIA LN WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHARPENTIER, KIM 1332 CAMELLIA LN WESTON, FL 33326	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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	