# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2009**
**Secretary of State**

DOCUMENT# N95000001488

**Entity Name:** THE ISLANDS AT WESTON MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

LANDMARK MANAGEMENT
1941 NW 150 AVE
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

LANDMARK MANAGEMENT
1941 NW 150 AVE
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

**FEI Number: 65-0473647** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKALAR & EICHNER, P. A.
150 S PINE ISLAND RD # 540
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: GOLDSTEIN, ALVIN
Address: 1599 ISLAND WAY
City-St-Zip: WESTON, FL 33326

Title: VPD ( ) Delete
Name: KATZ, GERRY
Address: 1433 CAMELLIA CIR
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: TORRES, LOU
Address: 1476 LANTANA DR
City-St-Zip: WESTON, FL 33326

Title: SD ( ) Delete
Name: SALAS, PATTY
Address: 1368 GINGER CIR
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: GROSSEN, WILLIE
Address: 1200 CAMELLIA LN
City-St-Zip: WESTON, FL 33326

Title: TD ( ) Delete
Name: CHARPENTIER, KIM
Address: 1332 CAMELLIA LN
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FRIEDOPFER, ROBERT
Address: 1544 ISAND WAY
City-St-Zip: WESTON, FL 33326

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN GOLDSTEIN P 04/02/2009

Electronic Signature of Signing Officer or Director — Date