2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500001488

1. Entity Name

THE ISLANDS AT WESTON MAINTENANCE ASSOCIATION, I



Principal Place of Business Mailing Address 3300 CORPORATE AVE 3300 CORPORATE AVE 110 110 WESTON FL 33331 WESTON FL 33331 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State

FILED Feb 11, 2003 8:00 am Secretary of State

02-11-2003 90068 010 ****61.25

90022741

Applied For



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0473647

						N	lot Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent				
				Name				
ROSEN	& KREILING, P.A.	_	Street	Street Address (DO Day Number in Alex Association				
2500 WE	STON RD		Street A	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 22	20°							
WESTON	I FL 33326		<u> </u>				.,	
	•		City		Fl	L Zip Cod	ie	
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office o	r registered agent, or both, in	the State of Florida. I am	familiar with,	and accept	
SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	TE: Registered Agent signa	ture required when reinstating)	DATE			
			· · · · · · · · · · · · · · · · · · ·					
FILE NOW: FEE IS \$61.25			mpaign Financing	\$5.00 May Be	Make Chec	k Payable	to	
		Trust Fund (Contribution.	Added to Fees	Florida Depai	rtment of S	State	
10.	OFFICERS AND DIRE	CTORS		A DOUTING IS IN INC.				
TITLE	D OFFICERS AND DIRE		11.		ES TO OFFICERS AND D			
NAME	MESSINA, ROBERT	Delete	TITLE	PD		Change	Addition	
STREET ADDRESS	1442 LANTANA DR		NAME STREET ADDRESS	orson, greni				
CITY-ST-ZIP	FORT LAUDERDALE FL 33326		CITY-ST-ZIP	1362 Ginger C			}	
TITLE	D	[7]		Weston FL	33326			
NAME	BERMAN, STEVE	Delete	TITLE NAME	VP D		☐ Change	Addition	
STREET ADDRESS	1296 GINGER CR		STREET ADDRESS	RAIMAN, JOYCE	2 ·			
CITY-ST-ZIP	WESTON FL		CITY-ST-ZIP	1373 Comellia				
TITLE	P	Defete	TITLE	Weston FL 3	<u> </u>			
NAME	SALAS, PATTY	. Delete	NAME			Change -	Addition	
STREET ADDRESS	1368 GINGER CIRCLE		STREET ADDRESS					
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP					
TITLE	T	Delete	TITLE	P		C7 01		
NAME	RICHENSTEIN, KEN	□ Delete	NAME			Change	Addition	
STREET ADDRESS	1483 LANTANA CT		STREET ADDRESS	GOSSEN, ELLIU 1200 Camellia	LERMO			
CITY-ST-ZIP	WESTON FL		CITY-ST-ZIP	Weston FL				
TITLE	VP	□ Delete	TITLE	D	محدد	Change	Addition	
NAME	MELLINGER, AMY		NAME			r Change	Addition	
STREET ADDRESS	1272 CAMELLIA LANE		STREET ADDRESS				}	
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP				[
TITLE	S	☐ Delete	TITLE		, <u> </u>	☐ Change	Addition	
NAME	GOLDSTEIN, ALVIN	Doi:(t	NAME			change	☐ Addition	
STREET ADDRESS	1599 ISLAND WAY		STREET ADDRESS					
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP				}	
12. Lhereby co	ertify that the information supplied with th	le filing door not quelify for	the everywhile and	+4 (= 0 - +1) + +40 07(0)(0) EI			———	

2. 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: SONGTURE REQUIRED

CHZEU3/ (10