


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005356 (9)**

1. Corporation Name

WEITZER AT DEERFIELD BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5901 NW 151 STREET STE 120
MIAMI LAKES FL 33014**

**P.O. BOX 4550
MIAMI LAKES FL 33014-4550
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

65-0630359

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Johnston, Patrice M.

82 Street Address (P.O. Box Number is Not Acceptable)

5901 N. W. 151st Street, #120

83

84 City

Miami Lakes

FL

85 Zip Code
33014

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations in Section 617.0503, Florida Statutes.

SIGNATURE

Patrice M. Johnston

3/20/98

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPEIZER, HARRY	
STREET ADDRESS	5901 NW 151 STREET STE 120	
CITY - ST - ZIP	MIAMI LAKES FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSEWATER, JAMES. P.	
STREET ADDRESS	5901 NW 151 STREET STE 120	
CITY - ST - ZIP	MIAMI LAKES FL	

TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	FELDSTEEN, LEIGH	
STREET ADDRESS	5901 NW 151 STREET STE 120	
CITY - ST - ZIP	MIAMI LAKES FL	

TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, PATRICE M	
STREET ADDRESS	5901 NW 151 STREET, STE. 120	
CITY - ST - ZIP	MIAMI LAKES FL	

TITLE	TAS	<input checked="" type="checkbox"/> DELETE
NAME	HART, TIMOTHY S	
STREET ADDRESS	5901 NW 151 STREET, STE. 120	
CITY - ST - ZIP	MIAMI LAKES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEITZER, HARRY	
STREET ADDRESS	5901 NW 151ST. STE.120	
CITY - ST - ZIP	MIAMI LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Speizer, Harry	
1.3 STREET ADDRESS	5901 N. W. 151st Street, Suite 120	
1.4 CITY - ST - ZIP	Miami Lakes, FL 33014	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rice, Sheryl S.	
5.3 STREET ADDRESS	5901 N. W. 151st Street, Suite 120	
5.4 CITY - ST - ZIP	Miami Lakes, FL 33014	

6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Weitzer, Harry	
6.3 STREET ADDRESS	5901 N. W. 151st Street, Suite 120	
6.4 CITY - ST - ZIP	Miami Lakes, FL 33014	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patrice M. Johnston

3/20/98

305-819-4663

CR2E037 (10/97)