

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90047 048 \*\*\*\*61.25

DOCUMENT # N95000005356

1. Corporation Name

WEITZER AT DEERFIELD BEACH HOMEOWNERS ASSOCIATIO  
N, INC.

Principal Place of Business

5901 NW 151 STREET STE 120  
MIAMI LAKES FL 33014

Mailing Address

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



2. Principal Place of Business

21 3300 University Dr.

Suite, Apt. #, etc.

22 #405

City & State

23 Coral Springs, FL

Zip

24 33065 25 USA

2a. Mailing Address

26 3300 University Dr.

Suite, Apt. #, etc.

27 #405

City & State

28 Coral Springs, FL

Zip

29 33065 30 USA

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

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JOHNSTON, PATRICE M.  
5901 NW 151ST ST  
#120  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: United Community Mgmt. Corp  
82 Street Address (P.O. Box Number is Not Acceptable): 3300 University Dr. #405  
83  
84 City: Coral Springs FL 85 Zip Code: 33065

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, or 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 of, Section 617.0503, Florida Statutes.

SIGNATURE UNITED COMM MGT CORP.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	SPEIZER, HARRY	
STREET ADDRESS	5901 NW 151 STREET STE 120	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROSEWATER, JAMES. P.	
STREET ADDRESS	5901 NW 151 STREET STE 120	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	FELDSTEEN, LEIGH	
STREET ADDRESS	5901 NW 151 STREET STE 120	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, PATRICE M	
STREET ADDRESS	5901 NW 151 STREET, STE. 120	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RICE, SHERYL S	
STREET ADDRESS	5901 NW 151 STREET, STE. 120	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEITZER, HARRY	
STREET ADDRESS	5901 NW 151ST, STE. 120	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nunes, David	
1.3 STREET ADDRESS	4282 NW 1 Drive	
1.4 CITY-ST-ZIP	Deerfield Bch., FL. 33442	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McQuestan	
2.3 STREET ADDRESS	4331 NW 1 Place	
2.4 CITY-ST-ZIP	Deerfield Bch., FL. 33442	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Baker, Gail	
3.3 STREET ADDRESS	59 NW 44 Terrace	
3.4 CITY-ST-ZIP	Deerfield Bch., FL. 33442	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Szesnat, John	
5.3 STREET ADDRESS	4226 NW 1 Place	
5.4 CITY-ST-ZIP	Deerfield Bch., FL. 33442	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY REQUIRED

7 APRIL 1999

904 418 8334

Date

Daytime Phone #

0023202

CR2E037-(1/98)