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Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90030 049 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P94000046995

1. Corporation Name

WEITZER AT HARMONY LAKES, INC.

Principal Place of Business

5901 N.W. 151 STREET  
SUITE 120  
MIAMI LAKES FL 33014  
US

Mailing Address

P.O. BOX 4550  
SUITE 120  
MIAMI LAKES FL 33014  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1994

2. Principal Place of Business

21 14505 COMMERCE WAY

Suite, Apt. #, etc.

22 #400

City & State

23 MIAMI LAKES, FL

Zip Country

24 33016

25

2a. Mailing Address

26 14505 COMMERCE WAY

Suite, Apt. #, etc.

27 #400

City & State

28 MIAMI LAKES, FL

Zip Country

29 33016

30

4. FEI Number

65-0527163

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEITZER, HARRY  
5901 N.W. 151 STREET, SUITE#120  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name  
JOHNSTON, PATRICE M.

82 Street Address (P.O. Box Number is Not Acceptable)  
14505 COMMERCE WAY

83 #400

84 City  
MIAMI LAKES

FL

85 Zip Code  
33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 607.0505, Florida Statutes.

SIGNATURE

Patrice M. Johnston

4/2/99

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 ☐ DELETE

NAME  
JOHNSTON, PATRICE M  
STREET ADDRESS  
5901 NW 151ST ST SUITE 120  
CITY-ST-ZIP  
MIAMI LAKES FL 33014

TITLE ☒ DELETE

NAME  
KLEINERMAN, PETER  
STREET ADDRESS  
5901 NW 151 STREET, SUITE 120  
CITY-ST-ZIP  
MIAMI LAKES FL 33014

TITLE ☐ DELETE

NAME  
ROSEWATER, JAMES  
STREET ADDRESS  
5901 NW 151 STREET, SUITE 120  
CITY-ST-ZIP  
MIAMI LAKES FL

TITLE ☒ DELETE

NAME  
FELDSTEEN, LEIGH  
STREET ADDRESS  
5901 NW 151 STREET, SUITE 120  
CITY-ST-ZIP  
MIAMI LAKES FL

TITLE ☒ DELETE

NAME  
SPEIZER, HARRY  
STREET ADDRESS  
5901 NW 151 STREET, SUITE 120  
CITY-ST-ZIP  
MIAMI LAKES FL 33014

TITLE ☒ DELETE

NAME  
DWIER, EDWARD W  
STREET ADDRESS  
5901 NW. 151 STREET, SUITE 120  
CITY-ST-ZIP  
MIAMI LAKES FL 33014

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
PD  
WEITZER, HARRY  
1.3 STREET ADDRESS  
14505 COMMERCE WAY, #400  
1.4 CITY-ST-ZIP  
MIAMI LAKES, FL 33016

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
VT  
RICE, SHERYL S.  
2.3 STREET ADDRESS  
14505 COMMERCE WAY, #400  
2.4 CITY-ST-ZIP  
MIAMI LAKES, FL 33016

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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

PATRICE M. JOHNSTON

4/2/99

305 819 4663

Date

Daytime Phone #

CR2E034 (11/98)

0130057