

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90041 005 ***150.00

DOCUMENT # P94000054509

1. Corporation Name

WEITZER SERENA LAKES TOWNHOMES, INC.



Principal Place of Business

5901 NW 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

07/22/1994

4. FEI Number

65-0505790

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

2. Principal Place of Business

21 14505 Commerce Way

Suite, Apt. #, etc.

22 #400

City & State

23 Miami Lakes, FL

Zip

24 33016

Country

2a. Mailing Address

26 14505 Commerce Way

Suite, Apt. #, etc.

27 #400

City & State

28 Miami Lakes, FL

Zip

29 33016

Country

30

9. Name and Address of Current Registered Agent

WEITZER, HARRY
5901 NW 151 STREET
SUITE 120
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

Patrice M. Johnston

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

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

TITLE VP ☐ DELETE
NAME ROSEWATER, JAMES P
STREET ADDRESS 5901 NW 151 STREET, SUITE 120
CITY-ST-ZIP MIAMI LAKES FL

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME WEITZER, HARRY
1.3 STREET ADDRESS 14505 Commerce Way, #400
1.4 CITY-ST-ZIP Miami Lakes, FL 33016

2.1 TITLE VT ☐ Change ☒ Addition
2.2 NAME 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 as 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)

0130067