

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 90030 048 \*\*\*150.00

DOCUMENT # P95000088283

1. Corporation Name

WEITZER FOREST LAKES VILLAS, INC.



Principal Place of Business

5901 NW 151 ST STE 120  
MIAMI LAKES FL 33014

Mailing Address

P.O. BOX 4450  
MIAMI LAKES FL 33014-4550  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1995

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

4. FEI Number

65-3842298

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

☐ DELETE

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

☒ DELETE

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

☐ DELETE

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

☒ DELETE

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

☒ DELETE

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

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change

☒ Addition

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

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)

0130262