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

DOCUMENT # V25100 1. Corporation Name

WEITZER SERENA LAKES HOMES, INC.

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

04-06-1999 90041 003 ***150.00



Ĺ						(\$ 88 0) 8 10	410 (1 04) 6 2162 (2014 (Backi abki atbit	83844 81811 818	i atah atah 1881	
Principal Place of Business Mailing Address											
5901 NW 151 S	STREET	P.O BOX 4550			ļ						
SUITE 120		SUITE 120 Miami Lakes FL 33014 US			-		DO NOT WE	OTE IN THIS	SOACE		
Miami Lakes i Us	FL 33014				<u> </u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
03				03/31/199		4					
6 Dinairal D	lace of Business	2a. Mailing Address				FEI Number				Applied For	
H				o Uorr		65-0322548				Not Applicable	
	14505 Commerce Way 26 14505 Commerc tite. Apt. # etc. Suite. Apt. #, etc.			e way		00 00220	740			Additional	
						. Certifcate of	Status Desired			Required	
		7 #400 City & State			- -						
- ··· · · · · · · · · · · · · · · · · ·			TO I			. Election Carr Trust Fund C	paign Financing			\$5.00 May Be Added to Fees	
	28 Miami Lakes, l	L Lakes, FL Country							4.01.003		
Zip	Country	⊢ `	_	,	8	. This corporat Personal Pro	tion owes the cu	rrent year in	ltangible ☐ Yes	¹□No	
24 3301					10		ddress of New	Registered			
	9. Name and Address of Current	registeren Agent	81	Name		. Hailie alla A	WW.699 O. 110W				
WEITZER, HARRY				Patr:		. Johnst					
5901 NW 151 STREET			82				per is Not Accep	table)			
SUITE 120			-	14505 Commerce Way							
MIAMI LAKES FL 33014			83	#400							
MIAMI DAKES PC 33014			84	City			***		85 Zij	Code	
				Miam.	i Lak	es		FL		3016	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named of	corporation's h	on submits this	statement for the	e purpose of ent the appo	f changing i intment as	ts registered reaistered	
agent/I a	egistered agent, or betty in the State of m familiar with, and accept the obligation	hs of, Section 607.0505, Florida	Statutes	ine corpe	nation 3 b	Dara or airocio	13. 1 1101007 400	obi allo appo		· · · · · · · · · · · · · · · · · · ·	
SIGNATURE/								4/2/9			
SIGNATIONS	Agnature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Age	nt signature re		. Johnst		DATE			
12.	OFFICERS AND		13.			ADDITIONS/C	HANGES TO O	FFICERS A			
TITLE	AVPS	☐ DEL E TE	1.1 TITLE		PD				Change	Addition	
NAME	JOHNSTON, PATRICE M	i	1.2 NAME	- 1		ZER, HAR		11.00			
STREET ADDRESS	5901 NW 151ST ST SUITE 120		1,3 STREE	TADORESS	1450	5 COMMER	CE WAY,	#400			
CITY-ST-ZIP	MIAMI LAKES FL 33014	<u>. </u>	1.4 CITY-S	T-ZIP	MIAM	I LAKES,	<u>FL 330</u>	16		#W. 4	
TITLE	VPD	☑ DELETE	2.1 TITLE		VT				Change	e 🔯 Addition	
NAME	KLEINERMAN, PETER		2.2 NAME		RICE	, SHERYL	S.				
STREET ADDRESS	5901 NW 151ST ST SUITE 120		2.3 STREE	T ADDRESS	1450	5 COMMER	CE WAY,	#400			
CITY-ST-ZIP	MIAMI LAKES FL 33014	•	2.4 CITY-	ST-ZIP	MIAM	I LAKES,	FL 330	16			
TITLE	VP	☐ DELETE	3.1 TITLE						Change	e Addition	
NAME	ROSEWATER, JAMES P		3.2 NAME								
STREET ADDRESS	5901 NW 151 STREET		3.3 STREE	TADDRESS							
CITY-ST-ZIP	MIAMI LAKES FL		3.4. CITY-5	(•				
TITLE	VP	₩ DELETE	4.1 TITLE			 -			☐ Change	Addition	
NAME	FELDSTEEN, LEIGH		4. 2 NAME				;				
STREET ADDRESS	5901 NW 151 STREET, SUITE 12	20	4.3 STREE	T ADDRESS			,				
	MIAMI LAKES FL		4.4 CITY-S	- 1							
CITY-ST-ZIP TITLE	VPD	X DELETE	5.1 TITLE				 -	-	Change	Addition	
NAME	SPEIZER, HARRY		5.2 NAME								
STREET ADDRESS	5901 NW 151 STREET, SUITE 12	20	5.3 STREE	TADDRESS							
	MIAMI LAKES FL 33014		5.4 CITY-S	- 1			•				
CITY-\$T-ZIP	VT	M DELETE	6.1 TITLE						[] Change	Addition	
TITLE	DWIER, EDWARD W	E DETECT	6.2 NAME						,,,,,,		
NAME		nn		TADDRESS							
STREET ADDRESS	5901 NW 151 STREET, SUITE 12	20		l.							
CITY, ST. 7ID	MIAMI LAKES EL 33014		6.4 CITY-5	11-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 or the receiver of the corporation of the receiver of

SIGNATURE:

CHREPatrice M. Johnston 4/2/99

305 819 4663