

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

05-16-2001 90103 008 ****61.25

DOCUMENT # 742227

1. Entity Name

W. E. ASSOCIATION, INC.

W

Principal Place of Business

Mailing Address

900 E ATLANTIC AVE
 PO BOX 612
 DELRAY BEACH FL 33447

900 E ATLANTIC AVE
 PO BOX 612
 DELRAY BEACH FL 33447

76793



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1843809

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOCH, WILLIAM F
900 E ATLANTIC AVENUE
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **TD** Delete
 NAME: **SMITH, JAMES B**
 STREET ADDRESS: **900 E. ATLANTIC AVE.**
 CITY-ST-ZIP: **DELRAY BEACH FL 33483**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **DAL** Delete
 NAME: **KOCH, WILLIAM F III**
 STREET ADDRESS: **900 E. ATLANTIC AVE.**
 CITY-ST-ZIP: **DELRAY BEACH FL**

TITLE: **DIRECTOR AT LARGE** Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **SP** Delete
 NAME: **THERIEN, JOHN** **D**
 STREET ADDRESS: **900 E. ATLANTIC AVE.**
 CITY-ST-ZIP: **DELRAY BEACH FL**

TITLE: **VICE PRESIDENT (D)** Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **DA** Delete
 NAME: **BORSCH, WARREN W III**
 STREET ADDRESS: **900 E. ATLANTIC AVE**
 CITY-ST-ZIP: **DELRAY BEACH FL**

TITLE: **SECRETARY (D)** Change Addition
 NAME: **HURLBURT, BRADLEY**
 STREET ADDRESS: **900 E. ATLANTIC AVE**
 CITY-ST-ZIP: **DELRAY BEACH, FL 33483**

TITLE: Delete
 NAME: **WINKLER, NANCY** **D**
 STREET ADDRESS: **900 E ATLANTIC AVENUE**
 CITY-ST-ZIP: **DELRAY BEACH FL 33483**

TITLE: **PRESIDENT (D)** Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

WILLIAM KOCH

Date

5/1/01

Daytime Phone #

561-278-1800

CR2E037 (1/0/00)

Attachment
Doc# 748887



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 11, 2001

W. E. ASSOCIATION, INC.
% P.O. BOX 612
DELRAY BEACH, FL 33447-0612

SUBJECT: W. E. ASSOCIATION, INC.
Ref. Number: 742227

Pursuant to our telephone conversation of July 11, 2001, I am enclosing the report for corrections.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Stacy Prather
Document Specialist

Letter Number: 801A00040823

July 17, 2001
As requested I have "D"
added to the names of
the directors on the
following page.

Samela R Bralt
Bookkeeper