


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90363 016 ****61.25

DOCUMENT # 742227					
1. Entity Name W. E. ASSOCIATION, INC.					
Principal Place of Business 900 E ATLANTIC AVE PO BOX 612 DELRAY BEACH, FL 33447 33483		Mailing Address 900 E ATLANTIC AVE PO BOX 612 925 HIBISCUS LN. DELRAY BEACH, FL 33447 33444			
2. Principal Place of Business 900 E. ATLANTIC AVE Suite, Apt. #, etc.		3. Mailing Address 925 HIBISCUS LN Suite, Apt. #, etc.			
City & State DELRAY BCH, FL		City & State DELRAY BCH, FL		4. FEI Number 59-1843809	
Zip 33483		Country PALM BCH.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33444		Country PALM BCH		02232006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent KOCH, WILLIAM F 900 E ATLANTIC AVENUE DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JAMES B		NAME	NANCY WINKLER	
STREET ADDRESS	900 E. ATLANTIC AVE.		STREET ADDRESS	900 EAST ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, WILLIAM F III		NAME		
STREET ADDRESS	900 E. ATLANCTIC AVE.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERIEN, JOHN		NAME		
STREET ADDRESS	900 E. ATLANTIC AVE.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVANAUGH, SILVANA		NAME	SUSAN TAURIELLO	
STREET ADDRESS	900 E. ATLANTIC AVE		STREET ADDRESS	900 EAST ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, THOMAS		NAME		
STREET ADDRESS	900 ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Nancy Winkler TD		Date: 03/29/06		Daytime Phone #: (561)278-1808	