


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 742227 1. Entity Name W. E. ASSOCIATION, INC.	
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FILED
Jul 07, 2008 08:00 AM
Secretary of State

Principal Place of Business 900 E ATLANTIC AVE DELRAY BEACH, FL 33483	Mailing Address 925 HIBISCUS LN DELRAY BEACH, FL 33444
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01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1843809	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOCH, WILLIAM F 900 E ATLANTIC AVENUE DELRAY BEACH, FL 33483

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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: *William F Koch* DATE: 07/01/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	MORRIS, WILLIAM E
STREET ADDRESS	900 E ATLANTIC AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	KOCH, WILLIAM F III
STREET ADDRESS	900 E. ATLANTIC AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	PD
NAME	THERIEN, JOHN
STREET ADDRESS	900 E. ATLANTIC AVE.
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	TD
NAME	TAURIELLO, SUE
STREET ADDRESS	900 E ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	SD
NAME	BLUM, THOMAS
STREET ADDRESS	900 ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000953516
07/07/08-80001-007 70.00

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: *Thomas Blum* DATE: 07/01/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #