

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742227

FILED
Jul 30, 2009
Secretary of State

Entity Name: W. E. ASSOCIATION, INC.

Current Principal Place of Business:

900 E ATLANTIC AVE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

925 HIBISCUS LN
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 59-1843809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KOCH, WILLIAM F
900 E ATLANTIC AVENUE
SUITE #14
DELRAY BEACH, FL 33483 US

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: WILLIAM F. KOCH

07/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MORRIS, WILLIAM E
Address: 900 E ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: KOCH, WILLIAM F III
Address: 900 E. ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD () Delete
Name: THERIEN, JOHN
Address: 900 E. ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL

Title: TD () Delete
Name: TAURIELLO, SUE
Address: 900 E ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete
Name: BLUM, THOMAS
Address: 900 ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: THERIEN, JOHN
Address: 900 E. ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BLUM

SD

07/30/2009

Electronic Signature of Signing Officer or Director

Date