

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90107 041 \*\*\*\*61.25

0081260

**DOCUMENT # 742227**

1. Entity Name

**W. E. ASSOCIATION, INC.**



Principal Place of Business

**900 E ATLANTIC AVE  
PO BOX 612  
DELRAY BEACH FL 33447**

Mailing Address

**900 E ATLANTIC AVE  
PO BOX 612  
DELRAY BEACH FL 33447**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1843809**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, JAMES B</b>	
STREET ADDRESS	<b>900 E. ATLANTIC AVE.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>	
TITLE	<b>DAL</b>	<input type="checkbox"/> Delete
NAME	<b>KOCH, WILLIAM F III</b>	
STREET ADDRESS	<b>900 E. ATLANTIC AVE.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>THERIEN, JOHN</b>	
STREET ADDRESS	<b>900 E. ATLANTIC AVE.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HURLBURT, BRADLEY</b>	
STREET ADDRESS	<b>900 E. ATLANTIC AVE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BLUM, THOMAS</b>	
STREET ADDRESS	<b>900 ATLANTIC AVE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT (PD)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NANCY WINKLER</b>	
STREET ADDRESS	<b>900 E ATLANTIC AVE.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE DELETED PD**

**04/10/03 561-278-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)