

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35684 (2)

1. Corporation Name
WESTON VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 410312 MELBOURNE FL 32941-0312
US P.O. BOX 410312 MELBOURNE FL 32941-0312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/06/1989** 3a. Date of Last Report **03/07/1994**
4. FEI Number **59-2997274** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under 5, 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MCLAREN, ERIKA
2835 LOWELL CIR.
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent
81 Name **ERIKA MCLAREN**
82 Street Address (P.O. Box Number is Not Acceptable) **2835 LOWELL CIR**
83
84 City **Melbourne** FL 85 Zip Code **32935**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Erika McLaren*, President DATE **4-12-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCLAREN, ERIKA
STREET ADDRESS	2835 LOWELL CIR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	VD
NAME	MANESS, LEWIS E
STREET ADDRESS	2840 LOWELL CIR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	SD
NAME	CHERRY, BRENDA
STREET ADDRESS	2854 LOWELL CIR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	TD
NAME	ERICSON, RODGER T
STREET ADDRESS	3082 LOWELL CIR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	D
NAME	LAWSON, MAGGIE
STREET ADDRESS	2861 LOWELL CIR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	D
NAME	MATTIACE, DENISE
STREET ADDRESS	2864 LOWELL CIR.
CITY-ST-ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Karen Cordes
3.3 STREET ADDRESS	2650 Lowell Circle
3.4 CITY-ST-ZIP	Melbourne FL 32935
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Janet Still
4.3 STREET ADDRESS	2647 Lowell Cir.
4.4 CITY-ST-ZIP	Melbourne, FL 32935
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D John Turner
5.3 STREET ADDRESS	2029 Lowell Cir.
5.4 CITY-ST-ZIP	Melbourne, FL 32935
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Gary Sines
6.3 STREET ADDRESS	2649 Lowell Cir
6.4 CITY-ST-ZIP	Melbourne, FL 32935

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet Still* DATE **3-29-95** (407) 254-16920
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR