

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **12/06/1989** 3a. Date of Last Report **04/19/1995**
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
8. This corporation has liability for intangible tax under s. 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 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**MCLAREN, ERIKA
2635 LOWELL CIR.
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent
81 Name **ROBERT J. GORMAN**
82 Street Address (P.O. Box Number is Not Acceptable) **2602 LOWELL CIRCLE**
83
84 City **MELBOURNE** FL 85 Zip Code **32935**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Robert J. Gorman* **ROBERT J. GORMAN - TREASURER** DATE _____
Signature, typed or printed name of registered agent also true if applicable. (NOTE: Registered Agent signature not to be written)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	MCLAREN, ERIKA	
STREET ADDRESS	2635 LOWELL CIR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/>
NAME	MANESS, LEWIS E	
STREET ADDRESS	2640 LOWELL CIR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input type="checkbox"/>
NAME	CORDES, KAREN	
STREET ADDRESS	2650 LOWELL CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/>
NAME	STILL, JANET	
STREET ADDRESS	2647 LOWELL CIR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/>
NAME	TURNER, JOHY	
STREET ADDRESS	2629 LOWELL CIR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/>
NAME	SINES, GARY	
STREET ADDRESS	2649 LOWELL CIR	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	LUCIUS SCHLUSEMEYER		
1.3 STREET ADDRESS	2670 LOWELL CIRCLE		
1.4 CITY-ST-ZIP	MELBOURNE, FL 32935		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	CHESTER C. SANSON		
2.3 STREET ADDRESS	2605 LOWELL CIRCLE		
2.4 CITY-ST-ZIP	MELBOURNE, FL 32935		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	CYNTHIA A. PALLAS		
3.3 STREET ADDRESS	2603 LOWELL CIRCLE		
3.4 CITY-ST-ZIP	MELBOURNE, FL 32935		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	ROBERT J. GORMAN		
4.3 STREET ADDRESS	2602 LOWELL CIRCLE		
4.4 CITY-ST-ZIP	MELBOURNE, FL 32935		
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	WILLIAM HUNTER		
5.3 STREET ADDRESS	2643 LOWELL CIRCLE		
5.4 CITY-ST-ZIP	MELBOURNE, FL 32935		
6.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	KATHY HELLER		
6.3 STREET ADDRESS	2628 LOWELL CIRCLE		
6.4 CITY-ST-ZIP	MELBOUREN, 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 119.07(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: *Robert J. Gorman* (407) 254-4801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)