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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35684 (2)
1. Corporation Name
WESTON VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 410312 MELBOURNE FL 32941-0312 US	Mailing Address P.O. BOX 410312 MELBOURNE FL 32941-0312 US
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3. Date Incorporated or Qualified 12/06/1989	3a. Date of Last Report 04/05/1996
4. FEI Number 59-2997274	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**GORMAN, ROBERT J
2602 LOWELL CIRCLE
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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** DATE **4/29/97**

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHLUSEMEYER, LUCIUS	
STREET ADDRESS	2870 LOWELL CIRCLE	
CITY-ST-ZIP	KMELBOURNE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SANSON, CHESTER C	
STREET ADDRESS	2805 LOWELL CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PALLAS, CYNTHIA A	
STREET ADDRESS	2803 LOWELL CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GORMAN, ROBERT J	
STREET ADDRESS	2802 LOWELL CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTER, WILLIAM	
STREET ADDRESS	2843 LOWELL CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HELLER, KATHY	
STREET ADDRESS	2828 LOWELL CIRCLE	
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	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BASLER, GERALD	
2.3 STREET ADDRESS	2624 LOWELL CIRCLE	
2.4 CITY-ST-ZIP	MELBOURNE, FL 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	S/D	
3.2 NAME	SWANK, JAMES	
3.3 STREET ADDRESS	2642 LOWELL CIRCLE	
3.4 CITY-ST-ZIP	MELBOURNE, FL 32935	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SQUIRES, DAVID	
6.3 STREET ADDRESS	2604 LOWELL CIRCLE	
6.4 CITY-ST-ZIP	MELBOURNE, FL 32935	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CR2E037 (9/96)