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**Mar 25, 1999 8:00 am**  
**Secretary of State**

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0020474

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N35684

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/06/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2997274	Applied For
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GORMAN, ROBERT J 2602 LOWELL CIRCLE MELBOURNE FL 32935				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	2642 Lowell Circle		
				84	City	FL	85
				Melbourne			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: *James Swank* JAMES SWANK DATE: 3/22/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	President PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLAREN, ROBERT			1.2 NAME	Bill Hunter		
STREET ADDRESS	2635 LOWELL CIR			1.3 STREET ADDRESS	2643 Lowell Circle		
CITY-ST-ZIP	KMELBOURNE FL 32935			1.4 CITY-ST-ZIP	Melbourne, FL 32935		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	Vice President VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWANK, JAMES			2.2 NAME	Dan South		
STREET ADDRESS	2642 LOWELL CIR			2.3 STREET ADDRESS	2616 Lowell Circle		
CITY-ST-ZIP	MELBOURNE FL 32935			2.4 CITY-ST-ZIP	Melbourne, FL 32935		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	Secretary SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUHNS, JUNE			3.2 NAME	Alice King		
STREET ADDRESS	2612 LOWELL CIR			3.3 STREET ADDRESS	2609 Lowell Circle		
CITY-ST-ZIP	MELBOURNE FL 32935			3.4 CITY-ST-ZIP	Melbourne, FL 32935		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	Treasure TD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORMAN, ROBERT J			4.2 NAME	Jim Swank		
STREET ADDRESS	2602 LOWELL CIRCLE			4.3 STREET ADDRESS	2642 Lowell Circle		
CITY-ST-ZIP	MELBOURNE FL			4.4 CITY-ST-ZIP	Melbourne, FL 32935		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDES, CHRISTOPHER			5.2 NAME	Norm Linder		
STREET ADDRESS	2650 LOWELL CIR			5.3 STREET ADDRESS	2640 Lowell		
CITY-ST-ZIP	MELBOURNE FL 32935			5.4 CITY-ST-ZIP	Melbourne, FL 32935		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PORTER, KIRSTINE			6.2 NAME	George Lebovitz		
STREET ADDRESS	2641 LOWELL CIR			6.3 STREET ADDRESS	2639 Lowell Circle		
CITY-ST-ZIP	MELBOURNE FL 32935			6.4 CITY-ST-ZIP	Melbourne, FL 32935		

14. 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 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, with all other like empowered.

SIGNATURE: *James Swank* JAMES SWANK DATE: 3/22/99 (407) 951-5136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2F037 (11/98)