

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N35684**

1. Entity Name

WESTON VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90078 025 ****61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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. Name and Address of Current Registered Agent

SWANK, JAMES
2642 LOWELL CIR
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (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 Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME HUNTER, BILL	
STREET ADDRESS 2643 LOWELL CIR	
CITY-ST-ZIP KMELBOURNE FL 32935	
TITLE VD	<input type="checkbox"/> Delete
NAME SOUTH, DAN	
STREET ADDRESS 2616 LOWELL WCIR	
CITY-ST-ZIP MELBOURNE FL 32935	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME KING, ALICE	
STREET ADDRESS 2609 LOWELL CIR	
CITY-ST-ZIP MELBOURNE FL 32935	
TITLE TD	<input type="checkbox"/> Delete
NAME SWANK, JIM	
STREET ADDRESS 2642 LOWELL CIR	
CITY-ST-ZIP MELBOURNE FL 32935	
TITLE D	<input type="checkbox"/> Delete
NAME LINDER, NORM	
STREET ADDRESS 2642 LOWELL CIR	
CITY-ST-ZIP MELBOURNE FL 32935	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME LEBOVITZ, GEORGE	
STREET ADDRESS 2639 LOWELL CIR	
CITY-ST-ZIP MELBOURNE FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNTER, BILL	
STREET ADDRESS 2643 LOWELL CIR	
CITY-ST-ZIP MELBOURNE FL 32935	
TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOUTH, DAN	
STREET ADDRESS 2616 LOWELL WCIR	
CITY-ST-ZIP MELBOURNE FL 32935	
TITLE PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Leclius Schluseweyer	
STREET ADDRESS 2670 Lowell Cir	
CITY-ST-ZIP Melbourne FL 32935	
TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWANK, JIM	
STREET ADDRESS 2642 LOWELL CIR	
CITY-ST-ZIP MELBOURNE FL 32935	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINDER, NORM	
STREET ADDRESS 2642 LOWELL CIR	
CITY-ST-ZIP MELBOURNE FL 32935	
TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Richard Hoover	
STREET ADDRESS 2632 Lowell Cir	
CITY-ST-ZIP Melbourne FL 32935	

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]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/00 (321) 951-5136
 Date Daytime Phone #

CR2E037 (9/99)