

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90151 049 ****61.25

DOCUMENT # N35684

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2997274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWANK, JAMES
2642 LOWELL CIR
MELBOURNE FL 32935

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
 NAME: **HUNTER, BILL**
 STREET ADDRESS: **2643 LOWELL CIR**
 CITY-ST-ZIP: **KMELBOURNE FL 32935**

TITLE: **PD** Change Addition
 NAME: **HUNTER, WILLIAM**
 STREET ADDRESS: **2643 LOWELL CIR**
 CITY-ST-ZIP: **Melbourne, FL 32935**

TITLE: **D** Delete
 NAME: **STILL, BRIAN**
 STREET ADDRESS: **2697 LOWELL CIR**
 CITY-ST-ZIP: **MELBOURNE FL 32935**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **PD** Delete
 NAME: **SCHLUSEMEYER, LUCIUS**
 STREET ADDRESS: **2670 LOWELL CIR**
 CITY-ST-ZIP: **MELBOURNE FL 32935**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **TD** Delete
 NAME: **SWANK, JIM**
 STREET ADDRESS: **2642 LOWELL CIR**
 CITY-ST-ZIP: **MELBOURNE FL 32935**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **SINES, GARY**
 STREET ADDRESS: **2640 LOWELL CIR**
 CITY-ST-ZIP: **MELBOURNE FL 32935**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **HOOVER, RICHARD**
 STREET ADDRESS: **2632 LOWELL CIR**
 CITY-ST-ZIP: **MELBOURNE FL 32935**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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: _____

James Swank

7/12/02 32935 5136

CR2E037 (4/02)