

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 02, 2004  
Secretary of State**

DOCUMENT# N35684

Entity Name: WESTON VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

P.O. BOX 410312  
MELBOURNE, FL 329410312 US

**Current Mailing Address:**

**New Mailing Address:**

P.O. BOX 410312  
MELBOURNE, FL 329410312 US

FEI Number: 59-2997274      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SWANK, JAMES  
2642 LOWELL CIR  
MELBOURNE, FL 32935

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LAMASTER, PETER  
Address: 2639 COWELL CIR  
City-St-Zip: MELBOURNE, FL 32935

Title: PD (X) Change ( ) Addition  
Name: LAMASTER, PETER  
Address: 2639 LOWELL CIR  
City-St-Zip: MELBOURNE, FL 32935

Title: TD ( ) Delete  
Name: SWANK, JIM  
Address: 2642 LOWELL CIR  
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: SINES, GARY  
Address: 2640 LOWELL CIR  
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS ( ) Delete  
Name: WAREN, HARPER  
Address: 2654 COWELL CIR  
City-St-Zip: MELBOURNE, FL 32935

Title: DS (X) Change ( ) Addition  
Name: WAREN, HARPER  
Address: 2654 LOWELL CIR  
City-St-Zip: MELBOURNE, FL 32935

Title: VPD ( ) Delete  
Name: JAMES, ROBERT  
Address: 2618 COWELL CIR  
City-St-Zip: MELBOURNE, FL 32935

Title: VPD (X) Change ( ) Addition  
Name: KRISTINE, PORTER  
Address: 2641 LOWELL CIR  
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SWANK

TD

05/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date