

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35684

FILED
Feb 10, 2006
Secretary of State

Entity Name: WESTON VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 410312
MELBOURNE, FL 329410312 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 410312
MELBOURNE, FL 329410312 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

SWANK, JAMES
2642 LOWELL CIR
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CRISAFULLI, JOEL
Address: 2608 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: S () Delete
Name: LAMASTER, KATHLEEN
Address: 2639 LOWELL CIR
City-St-Zip: MELBOURNE, FL 32935

Title: DS () Delete
Name: KIRKPATRICK, DONALD
Address: 2020 LOWELL CIR
City-St-Zip: MELBOURNE, FL 32935

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

Title: DS () Delete
Name: MIGUEL, DUJOVNE
Address: 2626 LOWELL CIR
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VPD (X) Change () Addition
Name: MCLAREN, ROBERT
Address: 2635 LOWELL CIR
City-St-Zip: MELBOURNE, FL 32935

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

T

02/10/2006

Electronic Signature of Signing Officer or Director

_____ Date