

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35684

FILED  
Apr 08, 2007  
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:**

2642 LOWELL CIR  
MELBOURNE, FL 32935 US

**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: PORTER, KRISTINE  
Address: 2641 LOWELL CIR  
City-St-Zip: MELBOURNE, FL 32935

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

Title: VPD ( ) Delete  
Name: MCLAREN, ROBERT  
Address: 2635 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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04/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date