


**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

4  
 4/4  
 04-04-2003 90131 015 \*\*\*\*61.25

**DOCUMENT # N35684**  
 1. Entity Name  
**WESTON VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 P.O. BOX 410312      P.O. BOX 410312  
 MELBOURNE FL 32941-0312      MELBOURNE FL 32941-0312  
 US      US

**55043380**



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

6. Certificate of Status Desired       \$6.75 Additional  
 Fee Required

CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

**SWANK, JAMES**  
**2842 LOWELL CIR**  
**MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name: **DE**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City:      State: **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **PD**       Delete  
 NAME: **HUNTER, WILLIAM**  
 STREET ADDRESS: **2643 LOWELL CIR**  
 CITY-ST-ZIP: **MELBOURNE FL 32935**

TITLE: **TD**       Delete  
 NAME: **SWANK, JIM**  
 STREET ADDRESS: **2842 LOWELL CIR**  
 CITY-ST-ZIP: **MELBOURNE FL 32935**

TITLE: **D**       Delete  
 NAME: **SINES, GARY**  
 STREET ADDRESS: **2840 LOWELL CIR**  
 CITY-ST-ZIP: **MELBOURNE FL 32935**

TITLE: **D**       Delete  
 NAME: **HOOVER, RICHARD**  
 STREET ADDRESS: **2832 LOWELL CIR**  
 CITY-ST-ZIP: **MELBOURNE FL 32935**

TITLE:       Delete  
 NAME:       Delete  
 STREET ADDRESS:       Delete  
 CITY-ST-ZIP:       Delete

TITLE:       Delete  
 NAME:       Delete  
 STREET ADDRESS:       Delete  
 CITY-ST-ZIP:       Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD, President**       Change       Addition  
 NAME: **Peter LaMaster**  
 STREET ADDRESS: **2639 Lowell Cir**  
 CITY-ST-ZIP: **Melbourne, FL 32935**

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

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

TITLE: **HARPER WREN Dir/Sec**       Change       Addition  
 NAME: **2654 Lowell Cir**  
 STREET ADDRESS: **Melbourne FL 32935**  
 CITY-ST-ZIP: **Melbourne FL 32935**

TITLE: **Robert James VP/Dir**       Change       Addition  
 NAME: **2618 Lowell Cir**  
 STREET ADDRESS: **Melbourne FL 32935**  
 CITY-ST-ZIP: **Melbourne FL 32935**

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

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 817, 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      3/19/03      321-951-9736  
 REQUIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CPE037 (10/02)

Attachment 65043380

  
#N35684

The following are the officers/directors for Weston Village HOA for 2003

President

Peter LaMaster

2639 Lowell Circle

Melbourne, FL 32935

Treasure/Director

James Swank

2642 Lowell Circle

Melbourne, FL 32935

Director

Garry Sines

2640 Lowell Circle

Melbourne, FL 32935

Secretary/Director

Harper Wren

2654 Lowell Circle

Melbourne, FL 32935

Vice President/Director

Robert James

2618 Lowell Circle

Melbourne, FL 32935