


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000003804	
1. Entity Name WESTON POINTE ASSOCIATION, INC.	

Principal Place of Business POST OFFICE BOX 8057 LONGBOAT KEY, FL 34228	Mailing Address POST OFFICE BOX 8057 LONGBOAT KEY, FL 34228
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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0451149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PHILLIPS, ROBERT 614 WESTON POINTE COURT LONGBOAT KEY, FL 34228

**DO NOT WRITE
IN THIS SPACE**

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** _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, ROBERT 614 WESTON POINTE CT LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIGHT, ROBERT 610 WESTON POINTE COURT LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MISTARZ, RICHARD 616 WESTON POINTE COURT LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLMOK, KENNETH 607 WESTON POINTE COURT LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN ZANDT, JIM 606 WESTON POINTE COURT LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000062849
02/23/04-80135-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Robert Phillips* *R. PHILLIPS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04 *941-383-1767*
Date Daytime Phone #