

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90075 035 *****70.00

DOCUMENT # N33582

1. Entity Name

WESLEY PLACE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1732 MOON DRIVE
VENICE FL 34292
US

1721 MOON DR
VENICE FL 34292
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0140273

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOEBERT, FRANK
1611 SLATE COURT
VENICE FL 34292

Name **LARRY L JONES**

Street Address (P.O. Box Number is Not Acceptable)

1721 MOON DRIVE

City **VENICE**

FL

Zip Code **34292**

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

Larry L Jones

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

(DATE)

1-22-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TYPE	P	<input type="checkbox"/> Delete
NAME	BOEBERT, FRANK	
STREET ADDRESS	1611 SLATE COURT	
CITY ST ZIP	VENICE FL 34292	
TYPE	S	<input type="checkbox"/> Delete
NAME	BOEBERT, FRANK	
STREET ADDRESS	1611 SLATE CT	
CITY ST ZIP	VENICE FL 34292	
TYPE	T	<input type="checkbox"/> Delete
NAME	JONES, LARRY	
STREET ADDRESS	1721 MOON DRIVE	
CITY ST ZIP	VENICE FL 34292	
TYPE	VP	<input checked="" type="checkbox"/> Delete
NAME	HERFORTH, DONALD	
STREET ADDRESS	1725 MOON DRIVE	
CITY ST ZIP	VENICE FL 34292	
TYPE	D	<input checked="" type="checkbox"/> Delete
NAME	FENTON, BRUCE	
STREET ADDRESS	1600 SLATE COURT	
CITY ST ZIP	VENICE FL 34292	
TYPE	D	<input type="checkbox"/> Delete
NAME	PETERS, MARTHA	
STREET ADDRESS	1714 MOON DRIVE	
CITY ST ZIP	VENICE FL 34292	

TYPE	PRES, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE KAPUSTA	
STREET ADDRESS	1721 MOON DR	
CITY ST ZIP	VENICE FL 34292	
TYPE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES PRYOR	
STREET ADDRESS	1623 SLATE COURT	
CITY ST ZIP	VENICE FL 34292	
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TYPE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK AYERS	
STREET ADDRESS	1711 MOON DRIVE	
CITY ST ZIP	VENICE FL 34292	
TYPE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD TALBOT	
STREET ADDRESS	1602 SLATE COURT	
CITY ST ZIP	VENICE FL 34292	
TYPE	VP, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Larry L Jones **LARRY L JONES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/07

941 480 9117