

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742227

**FILED**  
**Feb 24, 2016**  
**Secretary of State**  
**CC7921678297**

**Entity Name:** W. E. ASSOCIATION, INC.

**Current Principal Place of Business:**

900 E ATLANTIC AVE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

50 SE 4TH AVE  
DELRAY BEACH, FL 33483

**FEI Number:** 59-1843809

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SECURE PROPERTY MANAGEMENT  
50 S.E. 4TH AVE  
DELRAY BEACH, FL 33483 US

*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

**Officer/Director Detail :**

Title VPD  
Name KOCH, WILLIAM FIII  
Address 900 E ATLANTIC AVE.  
City-State-Zip: DELRAY BEACH FL 33483

Title D  
Name WILSON, RITA  
Address 900 E. ATLANCTIC AVE.  
City-State-Zip: DELRAY BEACH FL 33483

Title PD  
Name TAURIELLO, SUE  
Address 900 E. ATLANTIC AVE.  
City-State-Zip: DELRAY BEACH FL 33483

Title TD  
Name PUMILIA, BRENDA  
Address 900 E ATLANTIC AVE  
City-State-Zip: DELRAY BEACH FL 33483

Title SD  
Name WILLCOX, TONY  
Address 900 ATLANTIC AVE  
City-State-Zip: DELRAY BEACH FL 33483

*I hereby 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 all other like empowered.*

**SIGNATURE:** SUE TAURIELLO

**PRESIDENT**

**02/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date