

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003804

Entity Name: WESTON POINTE ASSOCIATION, INC.**Current Principal Place of Business:**595 BAY ISLES ROAD
200
LONGBOAT KEY, FL 34228**Current Mailing Address:**595 BAY ISLES ROAD
200
LONGBOAT KEY, FL 34228 US**FEI Number:** 65-0451149**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADVANCED MGMT OF SW FLORIDA, INC.
9031 TOWN CENTER PKWY
BRADENTON, FL 34202 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	SECRETARY
Name	WHITNEY, BLAKE
Address	9031 TOWN CENTER PKWY
City-State-Zip:	BRADENTON FL 34202

Title	TREASURER
Name	PHILIP, SMITH
Address	9031 TOWN CENTER PKWY
City-State-Zip:	BRADENTON FL 34202

Title	PRESIDENT
Name	PHILLIPS, DONNA
Address	9031 TOWN CENTER PKWY
City-State-Zip:	BRADENTON FL 34202

Title	AS
Name	WILSON, DOUGLAS E
Address	9031 TOWN CENTER PKWY
City-State-Zip:	BRADENTON FL 34202

Title	VP
Name	COOPERSMITH, WARREN
Address	9031 TOWN CENTER PKWY
City-State-Zip:	BRADENTON FL 34202

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: WILSON DOUGLAS

AS

06/02/2020

Electronic Signature of Signing Officer/Director Detail_____
Date