

**2018 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	VICE PRESIDENT
Name	VAN ZANDT, JIM
Address	9031 TOWN CENTER PKWY
City-State-Zip:	BRADENTON FL 34202

Title	PRESIDENT, DIRECTOR
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	DIRECTOR
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:** DOUGLAS E WILSON

AS

04/05/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date