

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727497

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** W.E.C. 1 ASSOCIATION, INC.

**Current Principal Place of Business:**

11485 OAKHURST RD.  
LARGO, FL 33774 US

**New Principal Place of Business:**

**Current Mailing Address:**

11485 OAKHURST RD.  
LARGO, FL 33774 US

**New Mailing Address:**

**FEI Number:** 59-1490423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWIS, LISA  
11485 OAKHURST RD  
BLDG. 1200-UNIT 208  
LARGO, FL 33774 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LEWIS, LISA  
**Address:** 11485 OAKHURST ROAD  
**City-St-Zip:** LARGO, FL 33774

**Title:** TR  
**Name:** DITTSWORTH, CHRIS  
**Address:** 11485 OAKHURST RD  
**City-St-Zip:** LARGO, FL 33774

**Title:** VP  
**Name:** MINEKER, TOM  
**Address:** 11485 OAKHURST RD.  
**City-St-Zip:** LARGO, FL 33774

**Title:** SEC  
**Name:** HOFFMAN, CATHERINE  
**Address:** 11485 OAKHURST ROAD  
**City-St-Zip:** LARGO, FL 33774

**Title:** D  
**Name:** MACDONALD, MICHAEL  
**Address:** 11485 OAKHURST ROAD  
**City-St-Zip:** LARGO, FL 33774

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:** LISA LEWIS

PD

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date