

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727497

FILED  
Apr 20, 2012  
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: KLATT, KAREN  
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

Title: D  
Name: HAAS, DENNIS  
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

PRES

04/20/2012

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

\_\_\_\_\_  
Date