

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742227

FILED  
Mar 04, 2010  
Secretary of State

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

**Current Principal Place of Business:**

900 E ATLANTIC AVE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

925 HIBISCUS LN  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 59-1843809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOCH, WILLIAM F  
900 E ATLANTIC AVENUE  
SUITE #14  
DELRAY BEACH, FL 33483 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: VPD  
Name: MORRIS, WILLIAM E  
Address: 900 E ATLANTIC AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: KOCH, WILLIAM F III  
Address: 900 E. ATLANTIC AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD  
Name: THERIEN, JOHN  
Address: 900 E. ATLANTIC AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD  
Name: TAURIELLO, SUE  
Address: 900 E ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD  
Name: BLUM, THOMAS  
Address: 900 ATLANTIC AVE  
City-St-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: THOMAS BLUM

SD

03/04/2010

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

\_\_\_\_\_  
Date