

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755080

FILED  
Jul 09, 2007  
Secretary of State

**Entity Name:** WESTON LANE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

221 WALTON HEATH DRIVE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4656  
WINTER PARK, FL 32793

**New Mailing Address:**

**FEI Number:** 59-2090960      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

PALMER, BETH  
PROPERTY FIRST INC  
221 WALTON HEATH DRIVE  
ORLANDO, FL 32828 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

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: SMITH, GILBERT  
Address: 3603 MIDIRON DR  
City-St-Zip: WINTER PARK, FL 32789-531

Title: TD (X) Delete  
Name: BELLONCI, MARILYN  
Address: 949 EARLY AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: PD ( ) Delete  
Name: SMITH, DAVID  
Address: 3799 LAKE MIRAGE BLVD  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID SMITH

PD

07/09/2007

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

\_\_\_\_\_  
Date