FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N00017

(6)

WESTON PARK OF BREVARD HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business Mailing Address		Mailing Address	<u></u>	E INBILIA DIN RUMA DUM BUMA KURAN KURAN	BIBU BIBU BIBU BIBU BIBU BUBU IBBI
2441 ST VINCENTS WAY MELBOURNE FL 32935 US		2441 ST VINCENTS WAY MELBOURNE FL 32935 US		Date Incorporated or Qualified 11/21/1983 FEI Number	Applied For
9 Principal D	loca of Business	2a. Mailing Address		59-2520274	Not Applicable
21 Philospair				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association? 2 Yes No	
Zip	Country	28	Country		
24	25	├ `	30	 This corporation owes or has paid Personal Property Tax due June 30 	
	9, Name and Address of Current			10. Name and Address of New Regis	
2401 ST MELBOU	E, HORACE L. VINCENTS WAY IRNE FL 32935	and C17 (CO) Florida Clatida	83 84 City	Address (P.O. Box Number is Not Acceptable) 3 71 WINDHAM OA	FL 85 Zip Code 32935
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar of the accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and liftle if applicable. (NOTE: Registered Agent signature required when reinstating)					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	DEROY, GARY		1.2 NAME		
STREET ADDRESS	3009 ST. HELENS WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	DELETE	1.4 CITY-ST-ZIP	^2	Change Addition
TITLE NAME	D Contreras, Richard	C) OUTCIE	2.2 NAME	P	Ca cualide Ca Vocation
STREET ADDRESS	3022 ST. HELENS WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE	DS	Change Addition
NAME	BROWN, HORACE		3.2 NAME	2 3	
STREET ADDRESS	2401 ST VINCENTS WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	,	3.4. CITY - ST - ZIP		
TITLE	OP	DELETE	4.1 TITLE		Change Addition
NAME	STAUFFACHER, THOMAS		4. 2 NAME		
STREET ADDRESS	2441 ST VINCENTS WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE	OT .	DELETE	5.1 TITLE		Change Addition
NAME	OLEAR, JAMES T		5.2 NAME		
STREET ADDRESS	237 INDINDHAM DR.		5 3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	Drugge	5.4 CITY - ST - ZIP		Channe Addition
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

Jul 02 1998 8:00am

Secretary of State