2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # N00017** Feb 26, 2000 8:00 am 1. Entity Name **Secretary of State** WESTON PARK OF BREVARD HOMEOWNER'S ASSOCIATION, 02-26-2000 90032 022 ****61.25 Principal Place of Business Mailing Address 2441 ST VINCENTS WAY 2441 ST VINCENTS WAY MELBOURNE FL 32935-3624 MELBOURNE FL 32935 3. Mailing Address 2. Principal Place of Business 2 401 ST. VINCENTS WAS 401 ST VINCENTS WAS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2520274 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EMTIMI P.O. Box Number is Not Acceptable) WINDHAM DR JAMES T CLEAR 2371 WINDHAM DR **MELBOURNE FL 32935** 8. 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 Signature, typ (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE NAME DEROY, GARY NAME STREET ADDRESS STREET ADDRESS 3009 ST. HELENS WAY CITY-ST-7/P CITY-ST-ZIP MELBOURNE FL **M** Change ☐ Addition TITLE ☐ Delete TITLE CONTRERAS, RICHARD CONTRERAS, RICHARD NAME NAME 3022 ST. HELEKS WAY STREET ADDRESS STREET ADDRESS 3022 ST. HELENS WAY CITY-ST-ZIP MECBOURNE FL 32935 CITY-ST-ZIP MELBOURNE FL Change ☐ Addition TITLE DS ☐ Delete TITLE BROWNE, HORACE 2401 ST. VINCENTS WAY BROWN, HORACE NAME NAME STREET ADDRESS STREET ADDRESS 2401 ST VINCENTS WAY CITY-ST-ZIP CITY-ST-ZIP MELBOURHEFL MELBOURNE FL DT ☐ Change Addition TITLE Delete TITLE CLEAR, JAMES T NAME NAME STREET ADDRESS STREET ADDRESS 237 INDINDHAM DR. CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL Addition TITLE ☐ Delete TITLE Change JOSEPH LEHTINI NAME 2263 WINDHAM DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

Daytime Phone #