

7/23

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 07, 2002 8:00 am
Secretary of State

07-23-2002 90323 043 ****61.25

DOCUMENT # N00017

1. Entity Name

WESTON PARK OF BREVARD HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2401 ST VINCENTS WAY
MELBOURNE FL 32935
US2401 ST VINCENTS WAY
MELBOURNE FL 32935
US

- 40881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2520274

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LENTINI, JOSEPH
2263 WINDHAM DR
MELBOURNE FL 32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
mfr. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEROY, GARY	
STREET ADDRESS	3009 ST. HELENS WAY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONTRERAS, RICHARD	
STREET ADDRESS	3022 ST. HELENS WAY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, HORACE	
STREET ADDRESS	2401 ST VINCENTS WAY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LENTINI, JOSEPH	
STREET ADDRESS	2263 WINDHAM DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	Dennis McDonough D	
CITY-ST-ZIP	2411 St Vincents Way Melbourne FL 32935	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Stratford - Vice Pres.	
STREET ADDRESS	2464 Park Place Blvd D	
CITY-ST-ZIP	Melbourne FL 32935	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Lowell Finch	
CITY-ST-ZIP	2264 Windham Drive Melbourne, FL 32935	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lentini, Joseph D	
STREET ADDRESS	2263 Windham Dr	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other life empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
Lowell H. Finch

7-15-02

321-253-2076

Date

Daytime Phone #

CR2E037 (4/02)