

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N00017

1. Entity Name
**WESTON PARK OF BREVARD HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business

**2401 ST VINCENTS WAY
MELBOURNE, FL 32935 US**

Mailing Address

**2401 ST VINCENTS WAY
MELBOURNE, FL 32935 US**



07092004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2520274

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LENTINI, JOSEPH
2263 WINDHAM DR
MELBOURNE, FL 32935**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PD |
| NAME | MCDONOUGH, DENNIS |
| STREET ADDRESS | 2411 ST VINCENTS WAY |
| CITY-ST-ZIP | MELBOURNE, FL 32935 |
| TITLE | VPD |
| NAME | STRATFORD, JIM |
| STREET ADDRESS | 2464 PARK PLACE BLVD |
| CITY-ST-ZIP | MELBOURNE, FL 32935 |
| TITLE | SD |
| NAME | FINCH, LOWELL |
| STREET ADDRESS | 2264 WINDHAM DRIVE |
| CITY-ST-ZIP | MELBOURNE, FL 32935 |
| TITLE | D |
| NAME | LENTINI, JOSEPH D |
| STREET ADDRESS | 2263 WINDHAM DR. |
| CITY-ST-ZIP | MELBOURNE, FL 32935 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

UN0000166505
07/15/04-80011-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/04
Date

Daytime Phone #