

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90085 021 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 2512 Park Place Blvd.		3. Mailing Address 2512 Park Place Blvd.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32935-3612		Zip 32935-3612	
Country USA		Country USA	
4. FEI Number 59-2520274		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOPMAN, STEVEN 2299 WINDHAM DR MELBOURNE, FL 32935			
7. Name and Address of New Registered Agent Name Jennifer Kramer Street Address (P.O. Box Number is Not Acceptable) 2512 Park Place Blvd City Melbourne FL Zip Code 32935-3612			
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 <u>Jennifer Kramer</u> Jennifer Kramer 03/03/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, HORICE 2401 ST VINCENTS WAY MELBOURNE, FL 32935	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRATFORD, JIM 2464 PARK PLACE BLVD MELBOURNE, FL 32935	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIFFT, DAN 3022 ST. MARK'S AVE MELBOURNE, FL 32935	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KOPMAN, STEVEN 2299 WINDHAM DR. MELBOURNE, FL 32935	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Marlene Semple 2201 Saint Theresa's Way Melbourne, FL 32935-3612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Jennifer Kramer 2512 Park Place Blvd. Melbourne, FL 32935-3612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.			
SIGNATURE: <u>Jennifer Kramer</u> Jennifer Kramer 03/03/07 321-768-7266 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			