

N1300000/005

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12/11/12--01009--009 \*\*78.75

W12-  
61487

FILED  
13 JAN 31 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Weber Woods Homeowners Association, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Cynthia Marrs  
Name (Printed or typed)

645 Classic Ct. Ste, 104

Address

Melbourne, FL 32940

City, State & Zip

321-508-3846

Daytime Telephone number

towersacct@cfl.rr.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

Weber Woods Homeowners Association, Inc.  
c/o Space Coast property Management of Brevard  
645 Classic Ct. Ste. 104  
Melbourne, FL 32934  
P 321-757-9609 F 321-757-9597

January 8, 2013

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

*Faxed 1/8/13*

Attn: Tim Burch  
Regulatory Specialist II  
New Filing Section

*F- 850-245-6804 timburch@dos.myflorida.com*

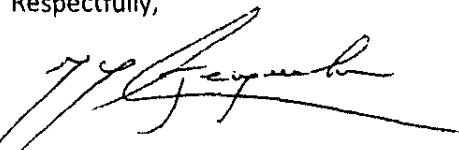
Re: Weber Woods Homeowners Association Inc.  
Ref. Number: W12000061487

Dear Mr. Burch,

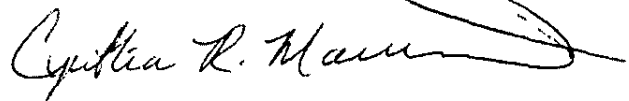
Upon your request, the purpose of this letter is to convey to the State of Florida that the Weber Woods HOA name should be made available to the new developer/declarant.

As a former officer listed on the Corporate Report, I certify that myself and any other member listed relinquish any rights or use of the Weber Woods Homeowners Association name. In addition, at no time do we intend to re-instate the old corporation.

Thank you for your assistance in this matter.  
Respectfully,

  
Jean Yves Clerc





Cc: Weber Woods Homeowners Association  
Stanley Homes



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2012

CYCTHIA MARRS  
645 CLASSIC CT STE 104  
MELBOURNE, FL 32940

SUBJECT: WEBER WOODS HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: W12000061487

We have received your document for WEBER WOODS HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00029384

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Weber Woods Homeowners Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
Stanley Homes  
4685 North Wickham Rd. Ste 104  
Melbourne, FL 32940

Mailing address, if different is:  
c/o SCPM  
645 Classic Ct. Ste. 104  
Melbourne, FL 32940

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *to provide an entity responsible for the operation of a single family residential community to be known generally as Weber Woods.*

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:  
Annually by membership election.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jason Stanley - President  
Address: 4685 North Wickham Rd. Ste. 104  
Melbourne, FL 32940

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Shane Moyer - Treasurer  
Address: 4685 North Wickham Rd. Ste. 104  
Melbourne, FL 32940

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Todd Foley  
Address: 645 Classic Ct. Ste. 104  
Melbourne, FL 32940

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

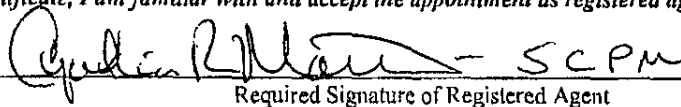
Name: Space Coast Property Management of Brevard Inc.  
Address: 645 Classic Ct. Ste. 104  
Melbourne, FL 32940

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

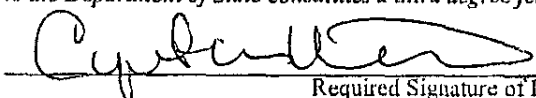
Name: Cynthia Morris SCPM  
Address: 645 Classic Ct. Ste. 104  
Melbourne, FL 32940

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 - SCPM  
Required Signature of Registered Agent

12-7-12  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature of Incorporator

12-7-12  
Date

FILED  
13 JAN 31 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FL