

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33582

FILED
Apr 12, 2005
Secretary of State

Entity Name: WESLEY PLACE ASSOCIATION, INC.

Current Principal Place of Business:

1732 MOON DR
VENICE, FL 34292 US

New Principal Place of Business:

1732 MOON DRIVE
VENICE, FL 34292 US

Current Mailing Address:

1721 MOON DR
VENICE, FL 34292 US

New Mailing Address:

FEI Number: 65-0140273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOEBERT, FRANK
1611 SLATE COURT
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOEBERT, FRANK
Address: 1611 SLATE COURT
City-St-Zip: VENICE, FL 34292

Title: S () Delete
Name: MESSER, JOAN
Address: 1709 MOON DRIVE
City-St-Zip: VENICE, FL 34292

Title: T () Delete
Name: JONES, LARRY
Address: 1721 MOON DRIVE
City-St-Zip: VENICE, FL 34292

Title: VP () Delete
Name: HERFORTH, DONALD
Address: 1725 MOON DRIVE
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: FENTON, BRUCE
Address: 1600 SLATE COURT
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: LACAVA, NICK
Address: 1604 SLATE COURT
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PETERS, MARTHA
Address: 1714 MOON DRIVE
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY JONES

T

04/12/2005

Electronic Signature of Signing Officer or Director

Date