

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 10, 1999 8:00 am  
Secretary of State

09-10-1999 90011 027 \*\*\*\*61.25

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Corporation Name

WESTON WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3 WEST LAKE MARY BOULEVARD  
SUITE 108  
KE MARY FL 32746

Mailing Address

1300 WESTON WOODS BLVD.  
ORLANDO FL 32818

\* 6 614328-90011-27 \*



|  |  |                           |  |  |  |
|--|--|---------------------------|--|--|--|
| Principal Place of Business  |  | 2a. Mailing Address       |  | 3. Date Incorporated or Qualified  |  |
|  |  | 26 1301 Weston Woods Blvd |  | 06/15/1990   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.       |  | 4. FEI Number  |  |
|  |  | 27                        |  | 59-3049188   |  |
| City & State   |  | City & State              |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
|  |  | 28 Orlando FL 32818       |  |  |  |
| Zip  |  | Zip                       |  | 6. Election Campaign Financing   |  |
| 25   |  | 29 32818                  |  | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees             |  |
| 9. Name and Address of Current Registered Agent                          |  |                           |  | 10. Name and Address of New Registered Agent   |  |
| OSWALD, KENNETH F.<br>300 COURTLAND ST.<br>SUITE 110<br>ORLANDO FL 32804 |  |                           |  | 81 Name  |  |
|  |  |                           |  | 82 Street Address (P.O. Box Number is Not Acceptable)                                    |  |
|  |  |                           |  | 83   |  |
|  |  |                           |  | 84 City  |  |
|  |  |                           |  | 85 Zip Code  |  |
|  |  |                           |  | FL   |  |

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |
|------------------------|--|---|------------------------|
| E                      | PD NEETER, JACQUES<br>1300 WESTON WOODS BLVD<br>ORLANDO FL | 1.1 TITLE   | PD                     |
| E                      | EET ADDRESS  | 1.2 NAME  | MILLER, JOSEPH         |
| -ST-ZIP                | ORLANDO FL   | 1.3 STREET ADDRESS                                    | 1301 WESTON WOODS BLVD |
|                        |  | 1.4 CITY-ST-ZIP                                       | ORLANDO FL 32818       |
| E                      | VPD<br>MILLER, JOSEPH                                      | 2.1 TITLE   | UPD                    |
| E                      | EET ADDRESS  | 2.2 NAME  | CARLISLE, DAVID        |
| -ST-ZIP                | ORLANDO FL 32818   | 2.3 STREET ADDRESS                                    | 1444 WESTON WOODS BLVD |
|                        |  | 2.4 CITY-ST-ZIP                                       | ORLANDO FL 32818       |
| E                      | T HUDSON, FERROL   | 3.1 TITLE   | T                      |
| E                      | EET ADDRESS  | 3.2 NAME  | CALLOWAY, IRA          |
| -ST-ZIP                | ORLANDO FL 32818   | 3.3 STREET ADDRESS                                    | 1306 WESTON WOODS BLVD |
|                        |  | 3.4 CITY-ST-ZIP                                       | ORLANDO FL 32818       |
| E                      | S SPEAR, TRICIA  | 4.1 TITLE   | S                      |
| E                      | EET ADDRESS  | 4.2 NAME  | SPEAR, TRICIA          |
| -ST-ZIP                | ORLANDO FL 32818   | 4.3 STREET ADDRESS                                    | 1319 WESTON WOODS BLVD |
|                        |  | 4.4 CITY-ST-ZIP                                       | ORLANDO FL 32818       |
| E                      |  | 5.1 TITLE   |                        |
| E                      | EET ADDRESS  | 5.2 NAME  |                        |
| -ST-ZIP                |  | 5.3 STREET ADDRESS                                    |                        |
|                        |  | 5.4 CITY-ST-ZIP                                       |                        |
| E                      |  | 6.1 TITLE   |                        |
| E                      | EET ADDRESS  | 6.2 NAME  |                        |
| -ST-ZIP                |  | 6.3 STREET ADDRESS                                    |                        |
|                        |  | 6.4 CITY-ST-ZIP                                       |                        |

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Miller* RE JOSEPH MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/99 (407)294-1497

Date

Daytime Phone #

CR2E037 (5/99)