



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90028 015 \*\*\*\*61.25

<b>DOCUMENT # N93000003804</b> 1. Entity Name <b>WESTON POINTE ASSOCIATION, INC.</b>																																																																															
Principal Place of Business <b>POST OFFICE BOX 8057 LONGBOAT KEY, FL 34228</b>			Mailing Address <b>POST OFFICE BOX 8057 LONGBOAT KEY, FL 34228</b>																																																																												
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  02082008 Chg-NP CR2E037 (12/06)																																																																											
City & State		City & State																																																																													
Zip	Country	Zip	Country																																																																												
4. FEI Number <b>65-0451149</b>		Applied For <input type="checkbox"/> Not Applicable																																																																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>VAN ZANDT, JIM 606 WESTON PT CT LONGBOAT KEY, FL 34228</b>																																																																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																											
Filing Fee is <b>\$61.25</b> Due by May 1, 2008						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																									
Make check payable to <b>Florida Department of State</b>						10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">TD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WIGHT, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>810 WESTON POINTE COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOY, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>602 WESTON POINTE COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MISTARZ, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>616 WESTON POINTE COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">VD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOLMOK, KENNETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>607 WESTON POINTE COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">PD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VAN ZANDT, JIM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>606 WESTON POINTE COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">SD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PHILLIPS, DONN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>614 WESTON POINTE CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> <td></td> </tr> </table>		TITLE	TD	<input type="checkbox"/> Delete	NAME	WIGHT, ROBERT		STREET ADDRESS	810 WESTON POINTE COURT		CITY-ST-ZIP	LONGBOAT KEY, FL 34228		TITLE	D	<input type="checkbox"/> Delete	NAME	LOY, ROBERT		STREET ADDRESS	602 WESTON POINTE COURT		CITY-ST-ZIP	LONGBOAT KEY, FL 34228		TITLE	D	<input type="checkbox"/> Delete	NAME	MISTARZ, RICHARD		STREET ADDRESS	616 WESTON POINTE COURT		CITY-ST-ZIP	LONGBOAT KEY, FL		TITLE	VD	<input type="checkbox"/> Delete	NAME	HOLMOK, KENNETH		STREET ADDRESS	607 WESTON POINTE COURT		CITY-ST-ZIP	LONGBOAT KEY, FL		TITLE	PD	<input type="checkbox"/> Delete	NAME	VAN ZANDT, JIM		STREET ADDRESS	606 WESTON POINTE COURT		CITY-ST-ZIP	LONGBOAT KEY, FL 34228		TITLE	SD	<input type="checkbox"/> Delete	NAME	PHILLIPS, DONN		STREET ADDRESS	614 WESTON POINTE CT		CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
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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.																																																																															
<b>SIGNATURE:</b> <i>Robert D. Wight</i> <b>ROBERT D. WIGHT</b> <i>2/8/08</i> <b>941-383-1811</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																															