

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003804

FILED
Apr 22, 2009
Secretary of State

Entity Name: WESTON POINTE ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 8057
LONGBOAT KEY, FL 34228

New Principal Place of Business:

606 WESTON POINTE CT
LONGBOAT KEY, FL 34228

Current Mailing Address:

POST OFFICE BOX 8057
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 65-0451149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN ZANDT, JIM
606 WESTON PT CT
LONGBOAT KEY, FL 34228 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: TD () Delete
Name: WIGHT, ROBERT
Address: 610 WESTON POINTE COURT
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: LOY, ROBERT
Address: 602 WESTON POINTE COURT
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: MISTARZ, RICHARD
Address: 616 WESTON POINTE COURT
City-St-Zip: LONGBOAT KEY, FL

Title: VD () Delete
Name: HOLMOK, KENNETH
Address: 607 WESTON POINTE COURT
City-St-Zip: LONGBOAT KEY, FL

Title: PD () Delete
Name: VAN ZANDT, JIM
Address: 606 WESTON POINTE COURT
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: PHILLIPS, DONN
Address: 614 WESTON POINTE CT
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PHILLIP, SMITH
Address: 612 WESTON POINTE CT
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VD (X) Change () Addition
Name: HOLMOK, KENNETH
Address: 607 WESTON POINTE COURT
City-St-Zip: LONGBOAT KEY, FL 34228

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT D WIGHT

TD

04/22/2009

Electronic Signature of Signing Officer or Director

Date