


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002223
1. Corporation Name

WESTON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2215 E. STATE RD 200 YULEE, FL 32097	Mailing Address P.O. BOX 1987 YULEE, FL 32041-1987
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3. Date Incorporated or Qualified
5/9/1995

4. FEI Number 59-3316589	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TERRELL J. POWELL
2215 E. STATE RD 200
YULEE, FL 32097

10. Name and Address of New Registered Agent

81 Name TERRELL J. POWELL	82 Street Address (P.O. Box Number is Not Acceptable) 2215 E. STATE RD 200	83	84 City YULEE	85 Zip Code FL 32097
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11. 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 *Terrell J. Powell*
Signature, typed or printed name of registered agent and filed application

(NOTE: Registered Agent signature required when reinstating)

2-20-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYD ROGERS	
STREET ADDRESS	1829 WESTON CR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DAN BISHOP	
STREET ADDRESS	1863 WESTON CR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RACHEL LANIER	
STREET ADDRESS	1838 WESTON CR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOM CANNADA	
STREET ADDRESS	1839 WESTON CR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKIE DUFRESNE	
STREET ADDRESS	1817 WESTON CR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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.

SIGNATURE: *Rachel Lanier* RACHEL LANIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/98

Date

Daytime Phone #

CR2E037 (10/97)