

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90078 006 ****61.25

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

05/09/1995

4. FEI Number

59-3316589

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ROGERS, BOYD
STREET ADDRESS 1829 WESTON CIR
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE VPD ☒ DELETE
NAME BISHOP, DAN
STREET ADDRESS 1863 WESTON CIR
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE SD ☐ DELETE
NAME CANNADA, TOM
STREET ADDRESS 1839 WESTON CIR
CITY-ST-ZIP JACKSONVILLE FL 32073

TITLE TD ☒ DELETE
NAME LANIER, RACHEL
STREET ADDRESS 1838 WESTON CIR
CITY-ST-ZIP JACKSONVILLE FL 32073

TITLE D ☐ DELETE
NAME DUFRESNE, JACKIE
STREET ADDRESS 1817 WESTON CIR
CITY-ST-ZIP JACKSONVILLE FL 32073

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME Kay Bobo
1.3 STREET ADDRESS 1845 Weston Circle
1.4 CITY-ST-ZIP Orange Park, FL 32073

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE TD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)