

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90140 010 ****61.25

DOCUMENT # N95000002223

1. Entity 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

00040001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3316589**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **HART JAMES W JR**
 Street Address (P.O. Box Number is Not Acceptable) **SENTINEL MANAGEMENT INC**
2180 W SR 434 STE 5000
 City **LONGWOOD FL** Zip Code **32779**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERS, BOYD	
STREET ADDRESS	1829 WESTON CIR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOBO, KAY	
STREET ADDRESS	1845 WESTON CIR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CANNADA, TOM	
STREET ADDRESS	1839 WESTON CIR	
CITY-ST-ZIP	JACKSONVILLE FL 32073	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUFRESNE, JACKIE	
STREET ADDRESS	1817 WESTON CIR	
CITY-ST-ZIP	JACKSONVILLE FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE RICHARDS	
STREET ADDRESS	1833 WESTON DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY MORRIS	
STREET ADDRESS	1811 WESTON DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY BOBO	
STREET ADDRESS	1845 WESTON DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB LAWTON	
STREET ADDRESS	1833 WESTON DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 (ka) empowered.

SIGNATURE: **Robert K. LAWTON** **3-6-2000 904 278-4868**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)