

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 04, 2001 8:00 am
Secretary of State

0091029

04-04-2001 90117 038 ****61.25

DOCUMENT # N95000002223

1. Entity Name

WESTON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 EST 434, SUITE 5000
LONGWOOD FL 32779-50442180 EST 434, SUITE 5000
LONGWOOD FL 32779-5044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3316589

Applied For

Not Applicable

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

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

Name

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

City

FL

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.

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 \$61.259. 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
NAME ROGERS, BOYD ☐ Delete
STREET ADDRESS 1829 WESTON CIR
CITY-ST-ZIP ORANGE PARK FL 32073TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD
NAME BOBO, KAY ☒ Delete
STREET ADDRESS 1845 WESTON CIR
CITY-ST-ZIP ORANGE PARK FL 32073TITLE PD
NAME RICHARDS, STEPHEN ☐ Change ☒ Addition
STREET ADDRESS 1853 WESTON CIR
CITY-ST-ZIP ORANGE PARK FL 32073TITLE VD
NAME CANNADA, TOM ☒ Delete
STREET ADDRESS 1839 WESTON CIR
CITY-ST-ZIP JACKSONVILLE FL 32073TITLE VD
NAME PAYNE, FLORENCE ☐ Change ☒ Addition
STREET ADDRESS 1861 WESTON CIR
CITY-ST-ZIP ORANGE PARK FL 32073TITLE TD
NAME DUFRESNE, JACKIE ☒ Delete
STREET ADDRESS 1817 WESTON CIR
CITY-ST-ZIP JACKSONVILLE FL 32073TITLE TD
NAME TOUCHTON, FRANK ☐ Change ☒ Addition
STREET ADDRESS 1852 WESTON CIR
CITY-ST-ZIP ORANGE PARK FL 32073TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD
NAME LAWTON, BOB ☐ Change ☒ Addition
STREET ADDRESS 1833 WESTON CIR
CITY-ST-ZIP ORANGE PARK FL 32073TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME MCDONALD, MIKE ☐ Change ☒ Addition
STREET ADDRESS 1826 WESTON CIR
CITY-ST-ZIP ORANGE PARK FL 32073

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03MAR01 (904)-278-2719

CR2E037 (10/00)