

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002223

1. Entity Name

WESTON HOMEOWNERS ASSOCIATION, INC.

**FILED**  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90152 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2180 EST 434, SUITE 5000  
LONGWOOD FL 32779-5044

2180 EST 434, SUITE 5000  
LONGWOOD FL 32779-5044

2. Principal Place of Business

2180 W SR 434

3. Mailing Address

2180 W SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 5000

STE 5000

City & State

City & State

LONGWOOD, FL

LONGWOOD, FL

Zip

Country

Zip

Country

32779-5044

US

32779-5044

US

4. FEI Number

59-3316589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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

2/14/02

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 D ☒ Delete  
NAME ROGERS, BOYD  
STREET ADDRESS 1829 WESTON CIR  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Delete  
NAME RICHARDS, STEPHEN  
STREET ADDRESS 1853 WESTON CIRCLE  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE PD ☒ Change ☐ Addition  
NAME PAYNE, FLORENCE  
STREET ADDRESS 1861 WESTON CIRCLE  
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE VD ☒ Delete  
NAME PAYNE, FLORENCE  
STREET ADDRESS 1861 WESTON CIRCLE  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE VD ☒ Change ☐ Addition  
NAME ROESKE, KELLY  
STREET ADDRESS 1849 WESTON CIRCLE  
CITY-ST-ZIP O.P. FL 32003

TITLE TD ☒ Delete  
NAME TOUCHTON, FRANK  
STREET ADDRESS 1852 WESTON CIRCLE  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE TD ☒ Change ☐ Addition  
NAME BLACKWELL, PATRICK  
STREET ADDRESS 1816 WESTON CIRCLE  
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE SD ☒ Delete  
NAME LAWTON, BOB  
STREET ADDRESS 1833 WESTON CIRCLE  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE SD ☒ Change ☐ Addition  
NAME BOBO, KAY  
STREET ADDRESS 1845 WESTON CIR  
CITY-ST-ZIP O.P. FL 32003

TITLE D ☒ Delete  
NAME MCDONALD, MIKE  
STREET ADDRESS 1826 WESTON CIRCLE  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☒ Change ☐ Addition  
NAME HONEYCUTT, SAM  
STREET ADDRESS 1846 WESTON CIR  
CITY-ST-ZIP O.P. FL 32003

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:

PATRICK BLACKWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

269.6868

Daytime Phone #