2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002223

Entity Name: WESTON HOMEOWNERS ASSOCIATION, INC.

FILED Apr 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 FEI Number: 59-3316589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ROESKE, KELLY ROGERS, BOYD Name: Name: 1849 WESTON CIRCLE Address: 1829 WESTON CIRCLE Address: City-St-Zip: ORANG PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 32073 Title: Title: (X) Change () Addition () Delete BLACKWELL, PATRICK Name: ROESKE, KELLY Name: Address: 1816 WESTON CIRCLE Address: 1849 WESTON CIRCLE City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 32073 Title: () Delete Title: SD (X) Change () Addition WEBB, JACKIE BOBO, KAY Name: Name: 1845 WESTON CIR Address: 1817 WESTON CIR. Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32073 () Delete Title: SD Title: TD (X) Change () Addition Name: BOBO, KAY Name: PATTERSON, CYNDI 1845 WESTON CIR Address: Address: 1843 WESTON CIR City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 32073 Title: () Delete Title: () Change () Addition MORRIS, KELLY Name: Name: 1811 WESTON CIR. Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOYD ROGERS PD 04/13/2004