2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# N95000002223

Entity Name: WESTON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3316589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: ROGERS, BOYD
Address: 1829 WESTON CIRCLE
City-St-Zip: ORANGE PARK, FL 32073

Title: VPD ( ) Delete
Name: ROESKE, KELLY
Address: 1849 WESTON CIRCLE
City-St-Zip: ORANGE PARK, FL 32073

Title: SD ( ) Delete
Name: BOBO, KAY
Address: 1845 WESTON CIR
City-St-Zip: ORANGE PARK, FL 32073

Title: TD ( ) Delete
Name: PATTERSON, CYNDI
Address: 1843 WESTON CIR
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: MORRIS, KELLY
Address: 1811 WESTON CIR.
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 04/07/2005

Electronic Signature of Signing Officer or Director — Date