

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 13, 2007  
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 (X) Delete  
Name: PATTERSON, CYNDI  
Address: 1843 WESTON CIR  
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) 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 Chapter 119, 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

03/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date