

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002223

FILED
Feb 12, 2009
Secretary of State

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:

4213 COUNTY ROAD
STE 1
MIDDLEBURG, FL 32068

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

4213 COUNTY ROAD
STE 1
MIDDLEBURG, FL 32068

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:

AWAKENINGS ASSOCIATION MANAGEMENT, INC
4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068 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: VINA DELCOMYN

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VPD (X) Change () Addition
Name: WELLS, HAROLD
Address: 1849 WESTON CIRCLE
City-St-Zip: ORANGE PARK, FL 32073

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

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date