## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **N95000002223**

## WESTON HOMEOWNERS ASSOCIATION, INC.



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90483 005 \*\*\*\*61.25

FILED

Principal Place of Business Mailing Address vvvvvvv 2180 W SR 434 2180 W SR 434 STE 5000 **STE 5000** LONGWOOD FL 32779-5044 LONGWOOD FL 32779-5044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3316589 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HART, JAMES W JR Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD FL 32779 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ۷D Jackie Webb ☐ Change ☐ Addition ☐ Delete TITLE 1817 Weston Cir. ROESKE, KELLY NAME NAME Orange Park, FL 32073 **1849 WESTON CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANG PARK FL 32003** CITY-ST-ZIP TD ☐ Delete TITLE Kelly Mor BLACKWELL, PATRICK NAME NAME 1816 WESTON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32003** Delete TITLE TITLE Change Addition PAYNE, FLORENCE NAME NAME 1861 WESTON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32003 SD ☐ Change TITLE Addition ☐ Delete BOBO, KAY NAME NAME 1845 WESTON CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32003** ☐ Change Addition TITLE → Delete TITLE HONEYCUTT, SAN NAME NAME STREET ADDRESS STREET ADDRESS 1846 WESTON CIR CITY-ST-ZIP ORANGE PARK FL 32003 CITY-ST-ZIP ☐ Delete Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

ALGOJIRED CLV 10 Webb