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May 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000428 (2)

1. Corporation Name

THE WEATHERLY CONDOMINIUMS AT CENTRAL PARK ASSOCIATION, INC.



Principal Place of Business Mailing Address  
1649-1/2 WEST OAK RIDGE ROAD ORLANDO FL 32809  
1649-1/2 WEST OAK RIDGE ROAD ORLANDO FL 32809-3960

3. Date Incorporated or Qualified 01/19/1994  
3a. Date of Last Report 05/06/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-9234847 Applied For Not Applicable  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYLE, JAMES W  
498 PALM SPRINGS DRIVE  
SUITE 270  
ALTAMONTE SPRINGS FL 32701

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE PD SCHWAB, DAN DELETE 1.1 TITLE SB Schwab, Dan Change Addition  
NAME SCHWAB, DAN 1.2 NAME Schwab, Dan  
STREET ADDRESS 1649-1/2 WEST OAK RIDGE ROAD 1.3 STREET ADDRESS 5521 Painted Oak Ct.  
CITY-ST-ZIP ORLANDO FL 32809 1.4 CITY-ST-ZIP Orlando, FL 32808  
TITLE SD O'CONNOR, KATY DELETE 2.1 TITLE Change Addition  
NAME O'CONNOR, KATY 2.2 NAME  
STREET ADDRESS 498 PALM SPRINGS DRIVE, SUITE 270 2.3 STREET ADDRESS  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 2.4 CITY-ST-ZIP  
TITLE VTD BOYLE, JAMES W DELETE 3.1 TITLE Change Addition  
NAME BOYLE, JAMES W 3.2 NAME VTD Boyle, James W  
STREET ADDRESS 498 PALM SPRINGS DRIVE, SUITE 270 3.3 STREET ADDRESS 498 Palm Springs Dr., #270  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 3.4 CITY-ST-ZIP Altamonte Springs, FL 32701  
TITLE PD ANDREWS, AXEL DELETE 4.1 TITLE Change Addition  
NAME ANDREWS, AXEL 4.2 NAME PD Andrews, Axel  
STREET ADDRESS 1609 D W. Oak Ridge Rd. 4.3 STREET ADDRESS  
CITY-ST-ZIP ORLANDO FL 32809 4.4 CITY-ST-ZIP Orlando, FL 32809  
TITLE 5.1 TITLE Change Addition  
NAME 5.2 NAME  
STREET ADDRESS 5.3 STREET ADDRESS  
CITY-ST-ZIP 5.4 CITY-ST-ZIP  
TITLE 6.1 TITLE Change Addition  
NAME 6.2 NAME  
STREET ADDRESS 6.3 STREET ADDRESS  
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 4/2/97 407 460 0508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017033

CR2E037 (9/96)