

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000428 (2)
1. Corporation Name

THE WEATHERLY CONDOMINIUMS AT CENTRAL PARK ASSOCIATION, INC.



Principal Place of Business 1649-1/2 WEST OAK RIDGE ROAD ORLANDO FL 32809	Mailing Address 1649-1/2 WEST OAK RIDGE ROAD ORLANDO FL 32809
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3. Date Incorporated or Qualified
01/19/1994

4. FEI Number 59-3234847	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business **2a.** Mailing Address

21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

22 City & State **27** City & State

23 Zip **28** Country

24 Zip **29** Country **30** Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 Juan Morales	82 Street Address (P.O. Box Number is Not Acceptable) 1649 1/2 W Oak Ridge Rd
83	84 City Orlando
85 Zip Code FL 32809	

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 Juan Morales DATE 01-08-98
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	SD <input type="checkbox"/> DELETE
NAME	SCHAB, DAN
STREET ADDRESS	5521 PAINTED OAK CT
CITY-ST-ZIP	ORLANDO FL

TITLE	PD <input type="checkbox"/> DELETE
NAME	ANDREWS, AXEL
STREET ADDRESS	1609-D W OAK RIDGE RD
CITY-ST-ZIP	ORLANDO FL

TITLE	VTD <input checked="" type="checkbox"/> DELETE
NAME	BOYLE, JAMES W
STREET ADDRESS	498 PALM SPRINGS DRIVE, SUITE 270
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Juan Morales
1.3 STREET ADDRESS	32809
1.4 CITY-ST-ZIP	1649 1/2 W Oak Ridge Rd Orlando FL

2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wilfredo Colon
2.3 STREET ADDRESS	32809
2.4 CITY-ST-ZIP	1649 1/2 W Oak Ridge Rd Orlando FL

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Juan Morales **NOTARIAL SIGNATURE REQUIRED** DATE: 01-08-98 (407) 851-0171

CFR2E087 (10/97)