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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000428

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	01/19/1994
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-3234847
24. Country	29. Country	Applied For Not Applicable
25. Country	30. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MORALES, JUAN  
1649 1/2 W OAK RIDGE RD  
SUITE 270  
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81. Name: Marinilda Morales

82. Street Address (P.O. Box Number Is Not Acceptable): 1649 1/2 W Oak Ridge Rd

83. City: Orlando, FL

84. Zip Code: 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: *Marinilda Morales* Marinilda Morales 01-04-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: SD	NAME: SCHAB, DAN	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 5521 PAINTED OAK CT	CITY-ST-ZIP: ORLANDO FL	
TITLE: PD	NAME: ANDREWS, AXEL	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 1609-D W OAK RIDGE RD	CITY-ST-ZIP: ORLANDO FL	
TITLE: PAD	NAME: MORALES, JUAN	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 1649 1/2 W OAK RIDGE RD	CITY-ST-ZIP: ORLANDO FL 32809	
TITLE: VTD	NAME: COLON, WILFREDO	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 1649 1/2 W OAK RIDGE RD	CITY-ST-ZIP: ORLANDO FL 32809	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: P/D	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME: Marinilda Morales	
1.3 STREET ADDRESS: 1615 W Oak Ridge Rd Apt B	
1.4 CITY-ST-ZIP: Orlando, FL 32809	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
2.1 TITLE: V/T/D	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME: Manuel Balleste	
2.3 STREET ADDRESS: 1659 W. Oak Ridge Rd Apt B	
2.4 CITY-ST-ZIP: Orlando, FL 32809	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
3.1 TITLE: S/D	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
3.2 NAME: Heriberto Bermudez	
3.3 STREET ADDRESS: 1649 W Oak Ridge Rd Apt A	
3.4 CITY-ST-ZIP: Orlando, FL 32809	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP: 02-22-99 90120 042 \$70.08	
5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
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)(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, with all other like empowered.

SIGNATURE: *Marinilda Morales* Marinilda Morales 01-04-99 (407)851-0171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0017516

CR2E037 (11/98)