

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-16-2001 90033 010 *****75.00

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1. Entity Name

THE WEATHERLY CONDOMINIUMS AT CENTRAL PARK ASSOC

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

34913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3234847

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Jose Perez

Street Address (P.O. Box Number is Not Acceptable)

1649 1/2 Oak Ridge Road

City

Orlando

FL

Zip Code

32809

MORALES, MARINILDA
 1649 1/2 W OAK RIDGE RD
 ORLANDO FL 32809

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.

SIGNATURE

Jose Perez
Jose Perez (President)

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

(NOTE: Registered Agent signature required when re-registering)

DATE

3/15/2001

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|------------------------------|------------------|---------------------------------|
| PD | MORALES, MARINILDA | 1615 W. OAK RIDGE RD. APT. B | ORLANDO FL 32809 | <input type="checkbox"/> |
| VTD | JIMENEZ, JULIO | 1611 W OAK RIDGE RD APT A | ORLANDO FL 32809 | <input type="checkbox"/> |
| SD | BERMUDEZ, HERIBERTO | 1651 W OAK RIDGE RD APT B | ORLANDO FL 32809 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|------------------------|--------------------|---------------------------|-------------------|-------------------------------------|-------------------------------------|
| President | Jose Perez PD. | 1649 1/2 Oak Ridge Road | Orlando, FL 32809 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vice-Pres. - Treasurer | Julio Jimenez, VTD | 1611 W. OAK RIDGE ROAD | ORLANDO, FL 32809 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Secretary | Lilliana Lopez SD. | 1619 E. W. OAK RIDGE ROAD | ORLANDO, FL 32809 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. 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 affidavit of authority of the officer or director.

SIGNATURE:

Jose Perez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2001
 Date

407-851-0171
 Daytime Phone #

CR2E037 (10/00)