

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90009 022 ****61.25

DOCUMENT # N94000000428

1. Entity 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

3. Mailing Address

4004 Edgewater Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

Country

Zip
 32804

Country

4. FEI Number

59-3234847

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PEREZ, JOSE
 1647 B OAKRIDGE ROAD
 ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name
MARY L. RIVERA-ASSET REAL ESTATE
 Street Address (P.O. Box Number is Not Acceptable)
4004 EDGEWATER DRIVE
 City
ORLANDO FL Zip Code
32804

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

Mary L. Rivera

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 | PD PEREZ, JOSE 1647 B OAKRIDGE ROAD ORLANDO FL 32809 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD JIMENEZ, JULIO 1611 W OAK RIDGE RD APT A ORLANDO FL 32809 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LOPEZ, LILLIANA 1619 I W OAKRIDGE ROAD ORLANDO FL 32809 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HAYDEE MALDONADO 1647-B W OAKRIDGE ORLANDO FL 32809 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD JUAN MORALES 1611 -A W OAKRIDGE ORLANDO, FL 32809 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JOSE COLON ALICEA P.O. BOX 6011446 ORLANDO FL 32869 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 address, with all other like empowered.

SIGNATURE: *Haydee Maldonado* HAYDEE MALDONADO

1/26/2002 (407) 299-9009

CR2E037 (9/01)