

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90022 037 \*\*\*\*61.25



**DOCUMENT # N94000000428**  
 1. Entity Name  
**THE WEATHERLY CONDOMINIUMS AT CENTRAL PARK ASSOCIATION, INC.**

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/06)  
 4. FEI Number **59-3234847** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**COLON, RAMON**  
**1649 1/2 WEST OAK RIDGE RD.**  
**ORLANDO FL 32809**

7. Name and Address of New Registered Agent  
 Name *Haydee Maldonado*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1649 1/2 West Oak Ridge Rd.*  
 City *Orlando* FL Zip Code *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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Haydee Maldonado* DATE *2-20-07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COLON, RAMON	
STREET ADDRESS	1649 1/2 WEST OAK RIDGE RD.	
CITY - ST - ZIP	ORLANDO FL 32809	
TITLE	VP/T	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, EUGENIO A	
STREET ADDRESS	1649 1/2 WEST OAK RIDGE RD.	
CITY - ST - ZIP	ORLANDO FL 32827	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FERRER, MIRTA	
STREET ADDRESS	1649 1/2 WEST OAK RIDGE RD.	
CITY - ST - ZIP	ORLANDO FL 32809	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>President</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Haydee Maldonado</i>	
STREET ADDRESS	<i>1649 1/2 West Oak Ridge Rd</i>	
CITY - ST - ZIP	<i>Orlando FL 32809</i>	
TITLE	<i>T</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Inocencia Davila</i>	
STREET ADDRESS	<i>1649 1/2 West Oak Ridge Rd</i>	
CITY - ST - ZIP	<i>Orlando FL 32809</i>	
TITLE	<i>Secretary</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Jose A Colon</i>	
STREET ADDRESS	<i>1649 1/2 West Oak Ridge Rd</i>	
CITY - ST - ZIP	<i>Orlando, FL 32809</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* DATE: *2-20-07*