


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90245 028 ****66.25

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 4004 EDGEWATER DR ORLANDO, FL 32804			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3234847	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARY L. RIVERA -ASSET REAL ESTATE 4004 EDGEWATER DRIVE ORLANDO, FL 32804			Name Nydia Berrios		
			Street Address (P.O. Box Number is Not Acceptable)		
			1320 N Semoran Blvd. Suite 202		
			City Orlando		FL
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 <i>Nydia Berrios</i>			DATE 4/23/03		
<small>Signature, typed or printed name of registered agent and title if applicable.</small>			<small>(NOTE: Registered Agent's signature required when retaining)</small>		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEE, MALDONADO		NAME		
STREET ADDRESS	1647-B W OAKRIDGE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Delete	TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN, MORALES		NAME	Miguel Mariani	
STREET ADDRESS	1611-A W OAKRIDGE		STREET ADDRESS	2054 Meadow Pond Way	
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP	Orlando, FL 32824	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE, ALICEA C		NAME	Libertad-Marguez	
STREET ADDRESS	PO BOX 6011446		STREET ADDRESS	5805 Harcourt Avenue	
CITY-ST-ZIP	ORLANDO, FL 32869		CITY-ST-ZIP	Orlando, FL 32839	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Libertad Marguez</i>			DATE 4/23/03		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

CR2E037 (10/02)