

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90332 043 \*\*\*\*61.25

0081446

**DOCUMENT # 737611**

1. Entity Name

**THE WEATHERLY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**9445 BLIND PASS ROAD  
 ST. PETERSBURG BEACH FL 33706**

**9445 BLIND PASS ROAD  
 ST. PETERSBURG BEACH FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1723046**

Applied For

Not Applicable

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

**SMITH, BRIAN K.  
 10033 9TH STREET N  
 ST PETERSBURG FL 33716**

Name

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

City

**FL**

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME PLUNKETT, FRANK  
 STREET ADDRESS 10033 9TH ST N  
 CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE *Pres D.*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
 NAME COVENEY, TERENCE  
 STREET ADDRESS 10033 9TH ST N.  
 CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
 NAME ZEMAN, DONALD  
 STREET ADDRESS 10033 9TH ST N  
 CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
 NAME SCARNA, BEATRICE  
 STREET ADDRESS 10033 9TH ST N  
 CITY-ST-ZIP ST. PETERSBURG FL ☒ Delete

TITLE *Bridie Walsh VPD*  
 NAME *Walsh, Bridie*  
 STREET ADDRESS *10033 9th St N*  
 CITY-ST-ZIP *St. Petersburg, FL* ☒ Change ☐ Addition

TITLE D  
 NAME DAVIS, WILLIAM  
 STREET ADDRESS 10033 9TH ST N.  
 CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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:

*Signature* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-5-01*

*367 5659*

CR2E037 (10/00)