
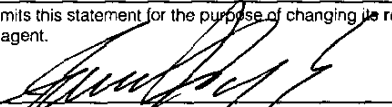
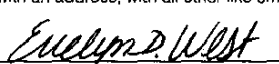
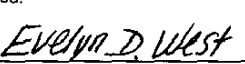


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90043 048 ****61.25

DOCUMENT # N00000007950 1. Entity Name WETHERBEE LAKES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business PENN FIRST MGMT 1813 N DEAN RD., STE 103 ORLANDO, FL 32817			Mailing Address PENN FIRST MGMT 1813 N DEAN RD., STE 103 ORLANDO, FL 32817		
2. Principal Place of Business 498 Palm Springs Drive Suite 235 City & State: Altamonte Springs, FL Zip: 32701 Country: USA			3. Mailing Address 498 Palm Springs Drive Suite 235 City & State: Altamonte Springs, FL Zip: 32701 Country: USA		
4. FEI Number 59-3741092			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHEELER, LAWRENCE M PENN. FIRST 1813 N DEAN RD., STE 103 ORLANDO, FL 32817			7. Name and Address of New Registered Agent Name: James W. Boyle Street Address (P.O. Box Number is Not Acceptable): 498 Palm Springs Drive Suite 235 City: Altamonte Springs FL Zip Code: 32701		
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:  DATE: 4/6/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROUSCH, BILLY 1101 N KELLER RD, SUITE F ORLANDO, FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Rousch, Billy 955 Keller Road, Suite 1500 Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREENWALT, TOM 1101 N KELLER RD, SUITE F ORLANDO, FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer West, Evelyn 955 Keller Road, Suite 1500 Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOWARD, SCOTT 1101 N KELLER RD, SUITE F ORLANDO, FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Howard, Scott 955 Keller Road, Suite 1500 Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:   DATE: 4/16/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

94058703



03302004 Chg-NP CR2E037 (10/03)