

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 733516 (9)

1. Corporation Name

THE WEATHERSFIELD CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

301 NORTE DAME  
ALTAMONTE SPGS FL 32714  
US

301 NOTRE DAME  
ALTAMONTE SPGS FL 32714

3. Date Incorporated or Qualified  
08/06/1975

3a. Date of Last Report  
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

301 NOTRE DAME

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

ALTAMONTE SPGS FL

23 Zip

Country

28 Zip

Country

24

25

29

32714

30

Seminole

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LACKEY, FORREST J  
301 NOTRE DAME  
ALTAMONTE SPRGS FL 32714

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MD  
NAME LACKEY, FORREST J.  
STREET ADDRESS 301 NOTRE DAME  
CITY-ST-ZIP ALTAMONTE SPRGS. FL  DELETE

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  
NAME CARLSON, DAMIAN  
STREET ADDRESS 606 LASALLE DRIVE  
CITY-ST-ZIP ALTAMONTE SPRGS FL  DELETE

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME REEVES, NANCY  
STREET ADDRESS 372 CLEMSON DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL  DELETE

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  
NAME RIVERA, IRIS  
STREET ADDRESS 521 AUBURN  
CITY-ST-ZIP ALTAMONTE SPRINGS FL  DELETE

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP  
NAME DUNLAP, ERIC  
STREET ADDRESS 630 STANFORD DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL  DELETE

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Forrest J. Lackey / Forrest J. Lackey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96  
Date

407 862-2842  
Daytime Phone #

CR2E037 (12/95)