

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**

09-09-1999 90004 033 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 733516**

Corporation Name  
**THE WEATHERSFIELD CIVIC ASSOCIATION, INC.**



Principal Place of Business  
 31 NORTE DAME  
 ALTAMONTE SPGS FL 32714  
 S

Mailing Address  
 301 NOTRE DAME  
 ALTAMONTE SPGS FL 32714  
 US

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	08/06/1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27	NOT APPLICABLE
City & State	City & State	Applied For
	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
25		\$8.75 Additional Fee Required
	29	30
		6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LACKEY, FORREST J  
 301 NOTRE DAME  
 ALTAMONTE SPRGS FL 32714

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

I, 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	
LE	MD <input type="checkbox"/> DELETE LACKEY, FORREST J. 301 NOTRE DAME ALTAMONTE SPRGS. FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME		1.2 NAME	
REET ADDRESS		1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	T <input type="checkbox"/> DELETE RIVERA, IRIS 521 AUBURN ALTAMONTE SPRGS FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	TD <input type="checkbox"/> DELETE REEVES, NANCY 372 CLEMSON DR ALTAMONTE SPRINGS FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	T <input type="checkbox"/> DELETE COLLEY, HOMER 384 NOTE DAME ALTAMONTE SPRINGS FL 32714	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	T <input type="checkbox"/> DELETE EDMISTER, MELVIN 328 CLEMSON DR ALTAMONTE SPRINGS FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	T <input type="checkbox"/> DELETE WALKER, PRESTON 300 TRNITY AVE ALTAMONTE SPRINGS FL 32714	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *J. Walker* 9/1/99 407-862-2842  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)