2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 743720

Entity Name: WEATHERED WOOD, A CONDOMINIUM, INC.

Current Principal Place of Business:

516 E. GORRIE DR.
ST. GEORGE ISLAND, FL 32579 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 901
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 59-2771031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNTER, RICK D
19 POQUITO RD.
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HUNTER, RICK	
Address:	19 POQUITO RD	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	D	( ) Delete
Name:	GARY, WILLIAM L	
Address:	3425 ROBIN HOOD RD	
City-St-Zip:	TALLAHASSEE, FL	
Title:	D	( ) Delete
Name:	WALBERG, JERRY	
Address:	2803 COLD STREAM DRIVE	
City-St-Zip:	TALLAHASSEE, FL	
Title:	D	( ) Delete
Name:	KUTZ, VINCENT	
Address:	3373 FOLEY DR.	
City-St-Zip:	TALLAHASSEE, FL	
Title:	D	( ) Delete
Name:	ERWIN, PERRY	
Address:	220 JOHN KNOX ROAD SUITE 4	
City-St-Zip:	TALLAHASSEE, FL	
Title:	D	( ) Delete
Name:	OESCHGER, JOHN F	
Address:	2432 LANDOLOT DRIVE	
City-St-Zip:	TALLAHASSEE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK D. HUNTER PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date