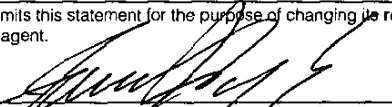
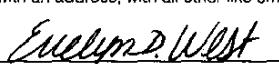


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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 ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE: DP NAME: ROUSCH, BILLY STREET ADDRESS: 1101 N KELLER RD, SUITE F CITY-ST-ZIP: ORLANDO, FL 32810	☐ Delete	TITLE: Vice President NAME: Rousch, Billy STREET ADDRESS: 955 Keller Road, Suite 1500 CITY-ST-ZIP: Altamonte Springs, FL 32714	☒ Change ☐ Addition
TITLE: DV NAME: GREENWALT, TOM STREET ADDRESS: 1101 N KELLER RD, SUITE F CITY-ST-ZIP: ORLANDO, FL 32810	☒ Delete	TITLE: Secretary/Treasurer NAME: West, Evelyn STREET ADDRESS: 955 Keller Road, Suite 1500 CITY-ST-ZIP: Altamonte Springs, FL 32714	☐ Change ☒ Addition
TITLE: DST NAME: HOWARD, SCOTT STREET ADDRESS: 1101 N KELLER RD, SUITE F CITY-ST-ZIP: ORLANDO, FL 32810	☐ Delete	TITLE: President NAME: Howard, Scott STREET ADDRESS: 955 Keller Road, Suite 1500 CITY-ST-ZIP: Altamonte Springs, FL 32714	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ 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
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:  		Date: 4/16/04 Daytime Phone #	