2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90043 048 ****61.25

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03302004 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000007950

1. Entity Name
WETHERBEE LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PENN FIRST MGMT 1813 N DEAN RD., STE 103 ORLANDO, FL 32817	PENN FIRST MGMT 1813 N DEAN RD., STE 103 ORLANDO, FL 32817

2. Principal Place of Business	3. Mailing Address
498 Palm Springs Drive	498 Palm Springs Drive
Suite, Apt. #, etc. Suite 235	Suite, Apt. #, etc. Suite 235
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32701 Country USA	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 [signature] 4/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Delete	TITLE	Vice President	☒ Change ☐ Addition
NAME	ROUSCH, BILLY		NAME	Rousch, Billy	
STREET ADDRESS	1101 N KELLER RD, SUITE F		STREET ADDRESS	955 Keller Road, Suite 1500	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	Altamonte Springs, Fl 32714	
TITLE	DV	☒ Delete	TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME	GREENWALT, TOM		NAME	West, Evelyn	
STREET ADDRESS	1101 N KELLER RD, SUITE F		STREET ADDRESS	955 Keller Road, Suite 1500	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	Altamonte Springs, Fl. 32714	
TITLE	DST	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	HOWARD, SCOTT		NAME	Howard, Scott	
STREET ADDRESS	1101 N KELLER RD, SUITE F		STREET ADDRESS	955 Keller Road, Suite 1500	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	Altamonte Springs, Fl 32714	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Evelyn D. West Evelyn D. West 4/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #