

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90002 014 ****61.25

DOCUMENT # N02000005616			
1. Entity Name WEATHERLY CLUSTER DEVELOPMENT HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1410 NW 13 ST STE 2 GAINESVILLE, FL 32601		Mailing Address 1410 NW 13 ST STE 2 GAINESVILLE, FL 32601	
2. Principal Place of Business Principal Place of Business 5522 NW 43 rd Street City & State Gainesville, FL Zip 32653 County Alachua		3. Mailing Address Mailing Address 5522 NW 43 rd Street City & State Gainesville, FL Zip 32653 County Alachua	
01062004 Chg-NP CR2E037 (10/03)		4. FEI Number 56-2322086	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEMA, RONALD J 1410 NW 13 ST STE 2 GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name <u>Richard A. Tenaglia</u> Street <u>Bosshardt Property Mgt</u> <u>5522 NW 43rd Street</u> Gainesville FL 32653 City _____ Zip Code <u>32607</u>	
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 <u>Richard Tenaglia for Bosshardt P/m.</u> 1/6/04 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 10	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	PSD SHEMA, RONALD J 1410 NW 13 ST STE 2 GAINESVILLE, FL 32601 ☒ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	PD Peter Speronis 8754 NW 22nd Ave Gainesville, FL 32606 ☐ Change ☒ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	VTD WILLIAMS, THOMAS W JR 1410 NW 13 ST STE 2 GAINESVILLE, FL 32601 ☒ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TD Todd Ritchie 2149 NW 97th Terr Gainesville, FL 32606 ☐ Change ☒ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	D DELANEY, PHILIP 4041 NW 37 PL GAINESVILLE, FL 32606 ☒ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	SD Linda Brown 2130 NW 88th ST Gainesville, FL 32606 ☐ 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: <u>Lotter</u> 2/10/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			