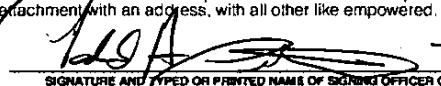


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90047 033 ****61.25

DOCUMENT # N02000005616 1. Entity Name WEATHERLY CLUSTER DEVELOPMENT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5522 NW 43RD STREET GAINESVILLE, FL 32653			Mailing Address 5522 NW 43RD STREET GAINESVILLE, FL 32653		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TENAGLIA, RICHARD A BOSSHARDT PROPERTY MGT 5522 NW 43RD STREET GAINESVILLE, FL 32607				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD SPERONIS, PETER 8754 NW 22ND AVE GAINESVILLE, FL 32606	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Alvin Lawrence 2125 NW 88th ST Gainesville, FL 32606
☒ Change ☒ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RITCHIE, TODD 2149 NDW 87TH TERR GAINESVILLE, FL 32606	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, LINDA 2130 NW 88TH ST. GAINESVILLE, FL 32606	☐ 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:  Todd A. Ritchie					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 3/5/05 Daytime Phone # 352-333-7231	