

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000000970

1. Entity Name  
VILLAGE OF WEATHERLY SUBDIVISION HOMEOWNERS  
ASSOCIATION, INC.



FILED

09 OCT -6 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5522 B NW 43RD STREET  
SUITE B  
GAINESVILLE, FL 32653

Mailing Address  
5522 B NW 43RD STREET  
SUITE B  
GAINESVILLE, FL 32653

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

500 NW 43rd St Ste 3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

Country

Zip

Country

32607

USA



06042009 REIN:NP 174 CR2E099 (1/07)

4. FEI Number  
55-0836450

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSEY, GLENDA  
C/O BOSSHARDT PROPERTY MGT  
5522 -B NW 43RD STREET  
GAINESVILLE, FL 32653

Name  
Cornerstone Property Solutions of  
North-Central Florida, LLC  
500 NW 43rd St. Ste 3  
City  
Gainesville FL Zip Code  
32607

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 Eugene Haufler

(NOTE: Registered Agent signature required when reinstating)

6-9-09

DATE

FILE NOW!!! FEE IS \$297.50

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 RODGERA, WILLIE 8665 NW 19TRH ROAD GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOHAMMED, KAMEL 2061 NW 86TH TERR GAINESVILLE, FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCNESES, JOHAN 2102 NW 86TH TERR GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Brown, Scott 1959 NW 86th Terr Gainesville FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mohammed, Kamel 2061 NW 86th Terr Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tufk, Thomas 2103 NW 86th Terr. Gainesville FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tseung, Chi Way 2081 NW 86th Terr Gainesville FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mickholzick, Steven 2104 NW 86th Terr Gainesville FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

800161387478  
10/06/09--01025--014 \*\*297.50

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Steven Mickholzick

10-01-09 352-219-3934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #