

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**



06042009 REIN:NP CR2E099 (1/07) **REINSTATEMENT 08-09**

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

4. FEI Number
55-0836450

Applied For
Not Applicable

Zip

Country

32607

USA

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**
Street Address (P.O. Box Number is Not Acceptable)
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**

[Signature]

6-9-09

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	Delete
PD	RODGERA, WILLIE	8665 NW 19TRH ROAD	GAINESVILLE, FL 32606	<input checked="" type="checkbox"/>
TD	MOHAMMED, KAMEL	2061 NW 86TH TERR	GAINESVILLE, FL 32606	<input type="checkbox"/>
SD	MCNESES, JOHAN	2102 NW 86TH TERR	GAINESVILLE, FL 32606	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

**800161387479
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: *[Signature]*

10-01-09

352-219-3934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #