

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002500

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** TOWNHOMES AT WEATHERSFIELD PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**New Mailing Address:**

**FEI Number:** 06-1686244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROGRESSIVE MANAGEMENT, INC.  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRE  
Name: SHORT, JIM  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: VP  
Name: BURCH, GARY  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: SEC  
Name: ROBINSON, DELLA  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: TRE  
Name: APPEL, RON  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: D  
Name: SOWDER, HELEN  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JIM SHORT

PRES

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date