FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE

03-01-1999 90001 012 ****61.25

1999 **DOCUMENT # N03150**

WEATHERWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
225 5TH ST \$
NAPLES FL 34102-6322 US

Mailing Address 225 5TH ST S NAPLES FL 34102

_	Principal Place of Business	2a. Mailing Address 26	-	3. Date Incorporated or Qualifed 05/17/1984			
21	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FE! Number Applied For			
22		27		59-2420740 Not Applicable			
23	City & State	City & State		5. Certificate of Status Desired S8.75 Additional Fee Required			
24	Zip Country	Zip Cou 29 30	ntry	6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees			
	9. Name and Address of		10. Name and Address of New Registered Agent				
	81 Name						
MCCAFFREY, JUDITH E 225 5TH ST S		82	Street Address (P.O. Box Number is Not Acceptable)				
	NAPLES FL 34102		83	3			
			84	4 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

agent. I a	im familiar with, and accept the obligations of, Sec	tion 617.0503, Pion	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applic	cable. (NOTE: F	Registered Agent signature required	when reinstating)	DATE	
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	FISHER, GERALD		1.2 NAME			
STREET ADDRESS	l		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY+ST-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE	-	Change	Addition
NAME	MCCAFFREY, JUDITH E		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34102		2.4 CITY-ST-ZIP		<u> </u>	
TITLE	D	□ DELETE	3.1 TITLE		- ☐ Change	Addition Addition
NAME	MEYER, JOHN W		3.2 NAME			
STREET ADDRESS	1207 3RD ST S		3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34102		34. CITY- ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY- ST-ZIP		· ·	
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY OF ZID	1		6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941-514-2800