2004 NOT-FOR-PROFIT CORPORATION

FILED Jan 26, 2004 8:00 am Secretary of State

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DOCUMENT # N03150 WEATHERWOOD CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 54000764 225 5TH ST S **568 9TH STREET SOUTH** NAPLES, FL 34102-6322 US SUITE 255 NAPLES, FL 34102-6620 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2420740 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCAFFREY, JUDITH E 225 5TH ST S NAPLES, FL 34102 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 Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FISHER, GERALD NAME NAME STREET ADDRESS 215 5TH ST. SO. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP STD ST D TITLE ☐ Delete TITLE ☐ Addition Change Change MCCAFFREY, JUDITH E NAME NAME MOAFFREY STREET ADDRESS 225 5TH ST. SO. STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete ☐ Change MEYER, JOHN WA NAME NAME STREET ADDRESS 1207 3RD ST S STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE NAME NAME in the distriction of the contraction STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 SIGNATURE: Daytime Phone