


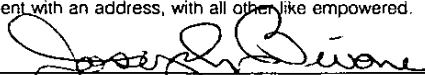
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90418 043 ****61.25

DOCUMENT # N07472 1. Entity Name WEYBRIDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2004 LONGMEADOW SARASOTA FL 34235			Mailing Address 2004 LONGMEADOW SARASOTA FL 34235		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2386729	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOKES, REBECCA F 3053 51ST STREET SARASOTA FL 34234				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		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 <input type="checkbox"/> Delete BIVONE, JOE 4640 WEYBRIDGE SARASOTA FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input checked="" type="checkbox"/> Delete MCNIFF, LEO 4420 WEYBRIDGE SARASOTA FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres/ Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Louise Cole 4500 Weybridge Sarasota, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WRE <input checked="" type="checkbox"/> Delete SMITH, MIKE 4466 WEYBRIDGE SARASOTA FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Betsy Barr 4404 Weybridge Sarasota, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB <input checked="" type="checkbox"/> Delete PIZZI, ANNA 4466 WEYBRIDGE SARASOTA FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vincent Oddo 4670 Weybridge Sarasota, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Viviano 4602 Weybridge Sarasota, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Joe Bivone, Pres. 4/1/06 (941) 355-4880**