

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N07472

1. Entity Name

WEYBRIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2004 LONGMEADOW
SARASOTA FL 34235

2004 LONGMEADOW
SARASOTA FL 34235



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-2386729

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STOKES, REBECCA F
3053 51ST STREET
SARASOTA FL 34234

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BIVONE, JOE
STREET ADDRESS 4640 WEYBRIDGE
CITY-ST-ZIP SARASOTA FL 34235

TITLE VPD ☐ Delete
NAME COLE, LOUISE
STREET ADDRESS 4500 WEYBRIDGE
CITY-ST-ZIP SARASOTA FL 34235

TITLE SD ☐ Delete
NAME BARR, BETSY
STREET ADDRESS 4404 WEYBRIDGE
CITY-ST-ZIP SARASOTA FL 34235

TITLE TD ☐ Delete
NAME ODDO, VINCENT
STREET ADDRESS 4670 WEYBRIDGE
CITY-ST-ZIP SARASOTA FL 34235

TITLE D ☐ Delete
NAME VIVIANO, JOHN
STREET ADDRESS 4602 WEYBRIDGE
CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
U00000715583
04/27/07-80064-020 61.25

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report or supplemental report.

**SIGN
HERE**

SIGNATURE Vincent Oddo, Treasurer 4/1/07 941-355-4880