

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004527

FILED
Apr 29, 2009
Secretary of State

Entity Name: WEATHERSTONE HOMEOWNERS ASSOCIATION, INC. OF ESCAMBIA COUNTY, FLORIDA

Current Principal Place of Business:

5508-B NORTH W ST.
PENSACOLA, FL 32505

New Principal Place of Business:

4400 BAYOU BLVD.
#35
PENSACOLA, FL 32503

Current Mailing Address:

5508-B NORTH W ST.
PENSACOLA, FL 32505

New Mailing Address:

4400 BAYOU BLVD.
#35
PENSACOLA, FL 32503

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MORRIS, GAIL
5508-B NORTH W ST.
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD.,
#35
PENSACOLA, FL 32503 US

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: TINA LONGWELL

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRIS, GAIL
Address: 5508-B NORTH W ST.
City-St-Zip: PENSACOLA, FL 32505

Title: VD () Delete
Name: BARNES, DAVE
Address: 5508-B NORTH W ST.
City-St-Zip: PENSACOLA, FL 32505

Title: STD () Delete
Name: HOWIE, JANINE
Address: 5508-B NORTH W ST.
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GAIL MORRIS

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date