2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N11444

Entity Name: WEATHERSTONE HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

4151 WOODLANDS PKWY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-2594977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PKWY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARVEY, DAVID
Address: 1811 STONEBROOK LANE
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VPD ( ) Delete
Name: BOATNER, TERRY
Address: 1805 STONEBROOK LANE
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: TD ( ) Delete
Name: CONLEY, DAVE
Address: 156 WOODCREEK DR. N.
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: SD ( ) Delete
Name: SESSIONS, JANET
Address: 121 WOODCREEK DR N.
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: D ( ) Delete
Name: BANDY, REBECCA
Address: 109 WOODCREEK DR. E.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete
Name: MONTH, MARK
Address: 117 WOODCREEK DR. S.
City-St-Zip: SAFETY HARBOR, FL 34695

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:

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: DAVID HARVEY PRES 04/01/2009

Electronic Signature of Signing Officer or Director — Date