

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19006

FILED
Apr 28, 2006
Secretary of State

Entity Name: WEATHERSFIELD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2892117 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: TD () Delete
Name: DIAMOND, FRANK
Address: 1043 WEATHERFIELD DR
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: THIELEMEIER, CHRISTEL
Address: 774 LITCHFIELD LANE
City-St-Zip: DUNEDIN, FL

Title: PD () Delete
Name: SMITH, JOHN T
Address: 957 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

Title: VPD () Delete
Name: SMITH, JOHN W
Address: 657 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: BELOTE, GENE
Address: 710 WESTFIELD CT
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Delete
Name: WIELINSKI, MATT
Address: 645 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

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: VPD (X) Change () Addition
Name: SOWDER-RIKANSRUD, HELEN
Address: 1639 FIELDFARE CT
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Change () Addition
Name: WIELINSKI, MATT
Address: 645 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN T SMITH

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date