

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19006

FILED
Apr 13, 2009
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: PD () Delete
Name: SHORT, JIM
Address: 1636 FIELDFARE CT
City-St-Zip: DUNEDIN, FL 34698

Title: VPD () Delete
Name: CLARK, BOB
Address: 790 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: BORREE, DIANE
Address: 813 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

Title: TD () Delete
Name: RIKANSRUD, HELEN
Address: 1639 FIELDFARE CT
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: BURCH, GARY
Address: 1603 FIELDFARE CT
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: APPEL, RON
Address: 1664 FIELDFARE CT
City-St-Zip: DUNEDIN, FL 34698

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

Title: D (X) Change () Addition
Name: GUZIK, ARLENE
Address: 886 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

Title: VPD (X) Change () Addition
Name: BURCH, GARY
Address: 1603 FIELDFARE CT
City-St-Zip: DUNEDIN, FL 34698

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: JIM SHORT

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date