2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19006

1. Entity Name

WEATHERSFIELD COMMUNITY ASSOCIATION, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90205 004 ****61.25

		•						
Principal Place of Business		Mailing Address						
SEABOARD ARBOAS MANAGEMENT 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765 US		SEABOARD ARBOAS MANAGEMENT 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765 US			I ARRIVIRI BEN ILLIN CENIK ROKA DANA			
2. Principal Place of Business 2160 WSR 434		3. Mailing Address 2180 W SR 434						
Suite, Apt. #, etc. ₩5600		Suite, Apt. #, etc. # 5005			☐ CHECK HERE IF	MAKING CHA	ANGES	
City & State Longwood	FL	City & State Longucod	FI		4. FEt Number 59-2892117 58-2892117		Applied For Not Applicable	
32719	Country US	32179	Country US		5. Certificate of Status Desired		75 Additional Required	
6. Name	and Address of Current	Registered Agent			7. Name and Address of New Reg	istered Agent		
LEIGHTON, LENNAF SEABOARD ARBOR 2189 CLEVELAND S CLEARWATER FL 3	s management It ste 225		Stree	SEN 218	ES W HART JR TRY MANAGEMENT INC 0 W SR 434 STE 5000 GWOOD FL 32779		- Carlo	

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution.

(NOTE: Registered Agent signature required when reinstating) \$5.00 May Be

Added to Fees

Make Check Payable to Florida Department of State

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10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	TD .	☐ Delete	TITLE			☐ Change	XX Addition
NAME	DIAMOND, FRANK		NAME				• =
STREET ADDRESS	1043 WEATHERFIELD DR		STREET ADDRESS				
CITY-ST-ZIP	DUNEDIN FL		CITY-ST-ZIP		34698		_
TITLE	DS	☐ Delete	TITLE			XX) Change	☐ Addition
NAME	THELEMEIER, CHRISTEL		NAME	THIEL	EMEIER		
STREET ADDRESS	774 LITCHFIELD LANE		STREET ADDRESS	•			
CITY-ST-ZIP	DUNEDIN FL		CITY-ST-ZIP				
TITLE	DVP	Delete	TITLE ^		7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	~ Chảnge	- 🔃 Addition
NAME	BAILIE, JIM		NAME	•			
STREET ADDRESS	782 LITCHFIELD LANE		STREET ADDRESS				
CITY-ST-ZIP	DUNDEDIN FL		CITY-ST-ZIP				
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	Brescia, ron		NAME				
STREET ADDRESS	934 DARIEN COURT		STREET ADDRESS				
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE	DVP		XX Change	☐ Addition
NAME	SMITH, JOHN		NAME				ł
STREET ADDRESS	1056 WOATHELSFIELD DR.		STREET ADDRESS				
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	1		CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.