2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90016 049 ****61.25

DOCUMENT # N24277

1. Entity Name
WEATHERSFIELD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 US	2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 US

02262008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2906688 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 W. SR 434, STE 5000
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIAMOND, FRANK 1043 WEATHERFIELD DR DUNEDIN, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLARK, ROBERT M 790 WEATHERSFIELD DR DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STONE, JOHN 657 WEATHERSFIELD DR DUNEDIN, FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCOTT, FOREST H 771 WEATHERSFIELD DR DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOREE, DIANE 813 WEATHERSFIELD DR DUNEDIN, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUMMINS, LISA 800 WEATHERSFIELD DR DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THIELEMEIER, CHRISTEL 774 LITCHFIELD LANE DUNEDIN, FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUMBERG, ALLEN 752 WEATHERSFIELD DR DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLAINE, KENNETH 651 WEATHERSFIELD DR. DUNEDIN, FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLAINE, KENNETH 651 WEATHERSFIELD DR DUNEDIN, FL 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GUZIK, ARLENE 886 WEATHERSFIELD DR DUNEDIN, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained 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 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.

SIGNATURE: Robert M Clark PRES. 3/17/08 727-754-8062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #