

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N33445

(0)

1. Corporation Name

WEATHERWOOD WEST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

6907 WEATHERWOOD PLACE  
PENSACOLA FL 32506  
US

Mailing Address

6907 WEATHERWOOD PLACE  
PENSACOLA FL 32506  
US

3. Date Incorporated or Qualified

07/27/1989

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3155627

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEARY, JR. J carleton  
6907 WEATHERWOOD PLACE  
PENSACOLA FL 32506

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME HEINTZMAN, DORIS L.  
STREET ADDRESS 6922 WEATHERWOOD PLACE  
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME JOHNSON, DORIS R.  
STREET ADDRESS 6923 WEATHERWOOD DRIVE  
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME LEARY, JR. J CARLETON  
STREET ADDRESS 6907 WEATHERWOOD PLACE  
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME SIMMONS, CAMILLEJAN  
STREET ADDRESS 6919 WEATHERWOOD DRIVE  
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME SIMMONS, DOUGLAS P  
STREET ADDRESS 6919 WEATHERWOOD DRIVE  
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME BONAPARTE, JOHN F  
STREET ADDRESS 6932 WEATHERWOOD PLACE  
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME D HEINTZMAN, MICHAEL D.  
6.3 STREET ADDRESS 6922 WEATHERWOOD PLACE  
6.4 CITY-ST-ZIP PENSACOLA, FL 32506

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J CARLETON LEARY, JR.

96JAN26

(904) 455-7551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)