

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

6907 WEATHERWOOD PLACE
PENSACOLA FL 32506
US6907 WEATHERWOOD PLACE
PENSACOLA FL 32506-3878
US3. Date Incorporated or Qualified
07/27/19893a. Date of Last Report
01/31/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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

☐\$5.00 May Be
Added to Fees8. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	HEINTZMAN, DORIS L.	
STREET ADDRESS	6922 WEATHERWOOD PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DORIS R.	
STREET ADDRESS	6923 WEATHERWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEARY, JR. J CARLETON	
STREET ADDRESS	6907 WEATHERWOOD PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, CAMILLEJAN	
STREET ADDRESS	6919 WEATHERWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONS, DOUGLAS P	
STREET ADDRESS	6919 WEATHERWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEINTZMAN, MICHAEL D	
STREET ADDRESS	6922 WEATHERWOOD PLACE	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	D	WILLIAMS, MICHAEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		6912 WEATHERWOOD PLACE	
1.3 STREET ADDRESS		PENSACOLA, FL	
1.4 CITY-ST-ZIP			
2.1 TITLE	VP	JOHNSON, DORIS R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		6923 WEATHERWOOD DRIVE	
2.3 STREET ADDRESS		PENSACOLA FL	
2.4 CITY-ST-ZIP			
3.1 TITLE	D	WILLIAMS, PAULA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		6912 WEATHERWOOD PLACE	
3.3 STREET ADDRESS		PENSACOLA FL	
3.4 CITY-ST-ZIP			
4.1 TITLE	P	SIMMONS, CAMILLEJAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		6919 WEATHERWOOD DRIVE"	
4.3 STREET ADDRESS		PENSACOLA FL	
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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:

Signature and typed or printed name of signing officer or director

Date 1-13-97

(904) 455-7551
Daytime Phone # 0072005

CR2E037 (9/96)