FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(0)

WEATHERWOOD WEST HOMEOWNERS' ASSOCIATION, INC.										
Principal Place of Business 6907 WEATHERWOOD PLACE PENSACOLA FL 32506 US		Mailing Address 6907 WEATHERWOOD PLACE PENSACOLA FL 32508 US				E SOBSEIGE OOG ISLAA INGA BEGIN BID	OLGAN DEBY AL	EU BIBU BIBU	0 \$ 	
						3. Date Incorporated or Qualified 07/27/1989 4. FEI Number Applied For				
						59-3155627			Vot Applicable	
Principal Place of Business		2a. Mailing Address 26			5. (Certificate of Status Desired		•	Additional Regulred	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			l l	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
City & State		City & State			7. 1	7. Is this nonprofit corporation a homeowners association? Yes No				
Zip Country 24 25		Zip 29	¬ '			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curren	t Registered Agent				Name and Address of New R		Agent		
			8	1 Name	€					
LEARY, JR. J CARLETO N 6907 WEATHERWOOD PLACE				2 Street	t Address (P.0	O. Box Number is Not Accepta	able)			
PENSAC	OLA FL 32506		8	3						
			8	4 City			FL	85 Zip	Code	
11. Pursuant to office or re	o the provisions of Sections 617.0503 agistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida, Such change was tions of Section 617.0503, Fl	tes, the abo authorized orida Statut	ve-named by the cor	d corporation rporation's bo	submits this statement for the pard of directors. I hereby account		f changing xointment as	its registered s registered	
SIGNATURE _			0.10a Diatat							
BIGHATURE _	Signature, typed or printed name of registered agen	nt and title it applicable. (NO)	E: Registered A	gent signatur	re required when re	einstating)	DATE			
12.	OFFICERS AND		13.		JA	DDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	8	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition	
NAME	HEINTZMAN, DORIS L.		1.2 NAME							
STREET ADDRESS	6922 WEATHERWOOD PLACE	•	1.3 STRE	et address						
CITY-ST-ZIP	PENSACOLA FL	T or over	1.4 CHTY					<u> </u>		
TITLE .	VP	☐ DELETE	2.1 TITLE					L Change	Addition	
NAME	JOHNSON, DORIS R.		2.2 NAMI							
STREET ADDRESS	6923 WEATHERWOOD DRIVE			et address						
CITY-ST-ZIP	PENSACOLA FL	T DELETE	2. 4 CITY					Chance	Addition	
TITLE	I DADY BY LOADIETO	☐ DELETE	3.1 TITLE					Change	Addition	
NAME	LEARY, JR. J CARLETO N 6907 WEATHERWOOD PLACE		3.2 NAM							
STREET ADDRESS		•		ET ADDRESS						
CITY-ST-ZIP	PENSACOLA FL	DELETÉ	3.4. CITY 4.1 TITLE		 			Change	Addition	
TITLE	CHARACHIC CAMBLETAN	רין טנננוג	4.1 IIICE 4.2 NAM					Cuanta		
NAME	SIMMONS, CAMILLEJAN 6919 WEATHERWOOD DRIVE									
STREET ADDRESS	PENSACOLA FL			ET ADDRESS						
CITY-ST-ZIP TITLE	D PENSACOLA PL	☐ DELETE	4.4 CITY - 5.1 TITLE					Change	Addition	
NAME	SIMMONS, DOUGLAS P	becen	5.2 NAMI							
STREET ADDRESS	6919 WEATHERWOOD DRIVE			ET ADDRESS						
	PENSACOLA FL									
CITY-ST-ZIP TITLE	D	DELETE.	5.4 CITY- 6.1 TITLE		 			☐ Change	Addition	
NAME	HEINTZMAN, MICHAEL D	The second	6.2 NAMI		D				X	
1	6922 WEATHERWOOD PLACE	:			1 .	ARTE, JOHN				
STREET ADDRESS	PENSACOLA FL	•		ET ADDRESS		WEATHERWOOD P				
CITY-ST-ZIP	I WITOTO VET I'L		6.4 CITY	OIT LIC	LPHNSA	COLA PI 225	Δς			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Forda Statutes: Milner 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 chapter or on an attachment with an address.

455.7551

FILED

Feb 05 1998 8:00am

Secretary of State