

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90076 004 ****61.25

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DOCUMENT # N33445

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/27/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3155627

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 ☒ DELETE

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

1.1 TITLE ☐ Change ☐ AdditionTITLE VP ☐ DELETE

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

1.2 NAME ☐ Change ☐ AdditionTITLE T ☐ DELETE

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

1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE P ☐ DELETE

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

1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D ☐ DELETE

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

2.1 TITLE ☐ Change ☐ AdditionTITLE D ☒ DELETE

NAME BONAPARTE, JOHN
STREET ADDRESS 6932 WEATHERWOOD PLACE
CITY-ST-ZIP PENSACOLA FL 32506

2.2 NAME ☐ Change ☐ Addition

6.1 TITLE D
6.2 NAME LOCKHART, ROSE
6.3 STREET ADDRESS 6903 WEATHERWOOD DRIVE
6.4 CITY-ST-ZIP PENSACOLA FL 32506

14. 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 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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

(850) 455-7551

Daytime Phone #

CR2E037 (1/98)