

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33445

1. Entity Name

WEATHERWOOD WEST HOMEOWNERS' ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90159 016 ****61.25

Principal Place of Business

Mailing Address

6907 WEATHERWOOD PLACE
PENSACOLA FL 32506
US

6907 WEATHERWOOD PLACE
PENSACOLA FL 32506-3878
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3155627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES ARE \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HEINTZMAN, DORIS L.	
STREET ADDRESS	6922 WEATHERWOOD PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, DORIS R.	
STREET ADDRESS	6923 WEATHERWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T S	<input type="checkbox"/> Delete
NAME	LEARY, JR. J CARLETON	
STREET ADDRESS	6907 WEATHERWOOD PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input 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	LOCKART, ROSE	
STREET ADDRESS	6903 WEATHERWOOD DR	
CITY-ST-ZIP	PENSACOLA FL 32506	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 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: Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-00

Date

(850) 455-7551

Daytime Phone #

CR2E037 (9/99)