


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33445**

1. Corporation Name

**WEATHERWOOD WEST HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~6807 WEATHERWOOD PLACE~~  
PENSACOLA FL 32506  
US

~~6807 WEATHERWOOD PLACE~~  
PENSACOLA FL 32506  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**6903 Weatherwood Drive**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**6903 Weatherwood Drive**  
Suite, Apt. #, etc.

City & State

**PENSACOLA FL**

City & State

**PENSACOLA FL**

Zip

**32506**

Country

Zip

**32506**

Country

4. Date Incorporated or Qualified To Do Business in Florida

**07/27/1989**

5. FEI Number

**59-3155627**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP/D	JOHNSON, DORIS R.	6923 WEATHERWOOD DRIVE	PENSACOLA FL 32506
X D	LEARY, JR. J CARLETO BADAM, EVELYN	<del>6907 WEATHERWOOD PLACE</del> 6909 WEATHERWOOD DR	PENSACOLA FL PENSACOLA FL 32506
P/D	SIMMONS, CAMILLEJAN	6919 WEATHERWOOD DRIVE	PENSACOLA FL 32506
P T/D	SIMMONS, DOUGLAS P	6919 WEATHERWOOD DRIVE	PENSACOLA FL 32506
S/D	LOCKART, ROSE	6903 WEATHERWOOD DR	PENSACOLA FL 32506
D	LOUISE KENDRICK	6934 Weatherwood PL	Pensacola FL 32506

8. Name and Address of Current Registered Agent

~~LEARY, JR. J CARLETO~~  
~~6907 WEATHERWOOD PLACE~~  
PENSACOLA FL 32506

9. Name and Address of New Registered Agent

Name

**ROSE LOCKHART**

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

**6903 WEATHERWOOD DR**

Suite, Apt. #, Etc.

City

**PENSACOLA**

State

**FL**

Zip Code

**32506**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Rose Lockhart*  
REGISTERED AGENT MUST SIGN

Date

**11-6-01**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Camillean R. Simmons*  
*Camillean R. Simmons, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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11/6/01 850-458-9558

Date

Daytime Phone #