FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:36

DOCUMENT # N39525 (3)

1. Corporation Name

WEATHERWOOD WEST, PHASE II, HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 3501 PENSACOLA FL 32506	P.O. BOX 3501 PENSACOLA FL 32506

3. Date Incorporated or Qualified: 08/10/1990
3a. Date of Last Report: 08/31/1994
4. FEI Number: 59-1915122 — Applied For: ☐ Not Applicable: X
5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STORLEY, MELINDA M
6980 WEATHERWOOD DRIVE
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name: Barbara Levick
82 Street Address (P.O. Box Number is Not Acceptable): 7032 Weatherwood Drive
83
84 City: Pensacola, FL 85 Zip Code: 32506

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Barbara S. Levick — Barbara Levick — 4/10/95
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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HILL, LEESA J	1.2 NAME		
STREET ADDRESS	7009 WEATHERWOOD DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	RICKMAN, ROBERT	2.2 NAME		
STREET ADDRESS	7041 WEATHERWOOD DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	STORLEY, MELINDA M	3.2 NAME	Barbara Levick	
STREET ADDRESS	6980 WEATHERWOOD DRIVE	3.3 STREET ADDRESS	7032 Weatherwood Drive	
CITY-ST-ZIP	PENSACOLA FL 32506	3.4 CITY-ST-ZIP	Pensacola, Florida 32506	
TITLE	BM	4.1 TITLE		☐ Change ☐ Addition
NAME	JUDGE, LARRY	4.2 NAME		
STREET ADDRESS	6985 WEATHERWOOD DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506	4.4 CITY-ST-ZIP		
TITLE	BM	5.1 TITLE	BM	☒ Change ☐ Addition
NAME	JOHANSEN, STEVE	5.2 NAME	Scott Navarro	
STREET ADDRESS	7045 WEATHERWOOD DRIVE	5.3 STREET ADDRESS	6973 Weatherwood Drive	
CITY-ST-ZIP	PENSACOLA FL 32506	5.4 CITY-ST-ZIP	Pensacola, Florida 32506	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Leesa J. Hill — Leesa J. Hill — 4/10/95 — (904)453-6462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007160