

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N39525** (3)

1. Corporation Name

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



Principal Place of Business

Mailing Address

P.O. BOX 3501
PENSACOLA FL 32506

P.O. BOX 3501
PENSACOLA FL 32506

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**BARBARA LEVICK
7032 WEATHERWOOD DRIVE
PENSACOLA FL 32506**

3. Date Incorporated or Qualified
08/10/1990

3a. Date of Last Report
04/14/1995

4. FEI Number
58-1915122

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **Evelyn C. Lowell**
82 Street Address (P.O. Box Number is Not Acceptable)
7040 WEATHERWOOD DR.
83 **PENSACOLA FL 32506**
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

Evelyn C. Lowell

(NOTE: Registered Agent signature required when re-registering)

DATE

4/16/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HILL, LEESA J	
STREET ADDRESS	7009 WEATHERWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICKMAN, ROBERT	
STREET ADDRESS	7041 WEATHERWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LEVICK, BARBARA	
STREET ADDRESS	7032 WEATHERWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	BM	<input type="checkbox"/> DELETE
NAME	JUDGE, LARRY	
STREET ADDRESS	6965 WEATHERWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	BM	<input type="checkbox"/> DELETE
NAME	NAVARRO, SCOTT	
STREET ADDRESS	6973 WEATHERWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICKMAN, ROBERT	
1.3 STREET ADDRESS	7041 WEATHERWOOD DR	
1.4 CITY-ST-ZIP	PENSACOLA FL 32506	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NUGENT, EARL	
2.3 STREET ADDRESS	7017 WEATHERWOOD DR	
2.4 CITY-ST-ZIP	PENSACOLA FL 32506	
3.1 TITLE	Secy. ELMORE, VERA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	6977 WEATHERWOOD DR	
3.4 CITY-ST-ZIP	PENSACOLA FL 32506	
4.1 TITLE	Treas. LOWELL, EVELYN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	7040 WEATHERWOOD DR	
4.4 CITY-ST-ZIP	PENSACOLA FL 32506	
5.1 TITLE	BM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NAVARRO, SCOTT	
5.3 STREET ADDRESS	6973 WEATHERWOOD DR	
5.4 CITY-ST-ZIP	PENSACOLA FL 32506	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

Evelyn C. Lowell

Evelyn C. Lowell 4/16/96

Date

Daytime Phone #

(904) 453-9050

CR2E037 (12/95)