FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

PENSACOLA FL 32506



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

N39525

(3)

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

OH OH I EHOMOOD II MO	
Principal Place of Business	Mailing Address
P.O. BOX 3501 PENSACOLA FL 32506	P.O. BOX 3501 PENSACOLA FL 32506

BARBARA LEVICK					99 Street Add	Proce /P.O. Box Number is	Not Acceptable	<u> </u>	. L
9. Name	and Address of Cu	rrent Regis	stered Agent						· .
				[30]			ess of New Re	aistered	Agent
Zip	Country	-	Zip	—	Country	1	nas liability for in	tangible t Yes 🍒	ax under s. 199.032, ∡ No
City & State			City & State			Trust Fund Contri	bution		\$5.00 May Be Added to Fees
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of State	us Desired		\$8.75 Additional Fee Required
2. Principal Place of Business		26	 - 						Not Applicable
		29	Mailing Address			4. FEI Number			Applied For
									04/14/1995
	Suite, Apt. #, etc. City & State Zip 9. Name	City & State Zip Country 25 9. Name and Address of Cu	Suite, Apt. #, etc. City & State Zip Country 25 9. Name and Address of Current Registers BARBARA LEVICK	Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip 25 29 9. Name and Address of Current Registered Agent BARBARA LEVICK	Suite, Apt. #, etc. City & State City & State Zip Country Zip Zip 25 P. Name and Address of Current Registered Agent BARBARA LEVICK	Suite, Apt. #, etc. Suite, Apt. #, etc.	Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Since Country	Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Since corporation has liability for in Florida Statutes 9. Name and Address of Current Registered Agent B1 Name Vel Name and Address of New Registered Agent B2 Street Address(P.O. Bdx Number is Not Acceptable) B3 Street Address(P.O. Bdx Number is Not Acceptable)	Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State City & State Country Zip Country Zip Country Zip Country Since Cou

			1- 7 0:1:
		04.	85 Zip Code
	84	City	
	-		
			B 1 1
	l l		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the		the state of the s	a purpose of changing its registered office."
- CLZ DECO CLZ 1500 Florido Statutos th	na ahawa i	named cornoration submits this statement for th	te bailbase of chariging its registeres armse i
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the or registered agent, or both, in the State of Florida, Such change was authorized by the state of Florida Such change was authorized by the state of Florida State of Section 1. 	ie above i	Infload Corporation State of the Corporation of the	a consistence to registered agent I am
The Full Substitute of the provided to the state of the s	u tha com	oration's board of directors. I hereby accept the	appointment as registered agont, runn
or registered agent, or both, in the State of Horida, Such change was authorized by	y tine corp	Olation 3 Doct de C. Carberta de La Constantina del Constantina de la Constantina del Constantina de la Constantina de l	, · · · . · · · · · · · · · · · · · · ·
Of registered agent, or both, in the diated of			

Pensacola

	the provisions of Sections 617.0502 and 61 dagent, or both, in the State of Florida. Such	i channe was authorized D	y the corporation's b	poard of directors. I hereby accept the appointment as registe	red agent. I am
fam iliar with	n, and accept the obligations of, Section 617.	0503, Florida Statutes.		4/16	196
SIGNATURE _	Signature, typed or prigred name of registered agent and title if		ngistered Agent signature rec	quired when renstating) DATE	1
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	PO	DELETE	1.1 TITLE	PO RICKMAN, Robert Dechan RICKMAN, Robert Dechan 1041 We ATher wood Dr	ge 🗆 vaquiion
NAME	HILL, LEESA J		1.2 NAME	KICK Wood DR	ļ
STREET ADDRESS	7009 WEATHERWOOD DRIVE		1.3 STREET ADDRESS	PensaceLA 7L.32506	ļ
CITY - ST - ZIP	PENSACOLA FL 32506		1.4 CITY - ST - ZIP	XI Chan	ge Addition
TITLE	VD	DELETE	2.1 TITLE	VD CONT EARL	ige
NAME	RICKMAN, ROBERT		2 2 NAME	NUGENT, EARL MICHAN 7017 WEATHERWOOD OR	
STREET ADDRESS	7041 WEATHERWOOD DRIVE			PENSACOLA 7L132506	
CITY-ST-ZIP	PENSACOLA FL 32506		2 4 CITY - ST - ZIP		nge
TITLE	STD	DELETE	• • • • • • • • • • • • • • • • • • • •	Erwane' (- 1	
NAME	LEVICK, BARBARA		3.2 NAME	6977 Weatherwood DR	
STREET ADDRESS	7032 WEATHERWOOD DRIVE		33 STREET ADDRESS	Persacola 71. 3250	•
CITY - ST - ZIP	PENSACOLA FL	DOSLETE	3.4 CITY-ST-ZIP	PENSHER FYELVIN SChal	nge Addition
TITLE	BM	DELETE		Lowell, Little	
NAME	JUDGE, LARRY		4 2 NAME	TOUR WEATHER WOOD OR	
STREET ADDRESS	6965 WEATHERWOOD DRIVE		4.3 STREET ADDRESS	7040 WEATHERWOOD OR PENSACOLA 7L. 32506	
CITY-ST-ZIP	PENSACOLA FL 32506	DELETE	4 4 City - ST - ZIP 5 1 TITLE		nge 🔲 Addition
TITLE	BM	MOELEIE	5.1 MILE 5.2 NAME		
NAME	NAVARRO, SCOTT			Lagary Chile Could	
STREET ADDRESS	6973 WEATHERWOOD DRIVE		5.3 STREET ADDRESS	PENSACOLA FL. 32506	
CITY-ST-ZIP	PENSACOLA FL	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Cha	inge Addition
TITLE		Dyccere	62 NAMÉ		
NAME			62 NAME 63 STREET ADDRESS		
STREET ADDRESS			64 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 cath; 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:

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