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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

08/10/1990

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWELL, EVELYN C
7040 WEATHERWOOD DR
PENSACOLA FL 32506**

81 Name

Leonard, Nancy E.

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

6984 Weatherwood Drive

84 City

Pensacola

FL

85 Zip Code

32506-3882

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

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

Nancy E. Leonard, Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

01-12-98

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **RICKMAN, ROBERT**
STREET ADDRESS **7041 WEATHERWOOD DR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD** ☒ DELETE

NAME **NUGENT, EARL**
STREET ADDRESS **7017 WEATHERWOOD DR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **S** ☒ DELETE

NAME **ELMORE, VERA**
STREET ADDRESS **6977 WEATHERWOOD DR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **T** ☒ DELETE

NAME **LOWELL, EVELYN**
STREET ADDRESS **7040 WEATHERWOOD DR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **BM** ☒ DELETE

NAME **NAVARRO, SCOTT**
STREET ADDRESS **6973 WEATHERWOOD DR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☐ Change ☒ Addition

1.2 NAME **Prince, John**
1.3 STREET ADDRESS **6997 Weatherwood Drive**
1.4 CITY-ST-ZIP **Pensacola, FL 32506**

2.1 TITLE **V/D** ☐ Change ☒ Addition

2.2 NAME **Hatton, Richard**
2.3 STREET ADDRESS **6992 Weatherwood Drive**
2.4 CITY-ST-ZIP **Pensacola, FL 32506**

3.1 TITLE **S** ☐ Change ☒ Addition

3.2 NAME **Martin, Kristal**
3.3 STREET ADDRESS **7045 Weatherwood Drive**
3.4 CITY-ST-ZIP **Pensacola, FL 32506**

4.1 TITLE **T** ☐ Change ☒ Addition

4.2 NAME **Leonard, Nancy**
4.3 STREET ADDRESS **6984 Weatherwood Drive**
4.4 CITY-ST-ZIP **Pensacola, FL 32506-3882**

5.1 TITLE **BM/D** ☐ Change ☒ Addition

5.2 NAME **Hatton, Sherry**
5.3 STREET ADDRESS **6992 Weatherwood Drive**
5.4 CITY-ST-ZIP **Pensacola, FL 32506**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

John Prince, President

1/12/98

850 452-3951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)