


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90087 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39525

1. Corporation Name

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

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

Mailing Address
 P.O. BOX 3501
 PENSACOLA FL 32506



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/10/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		58-1915122	
25 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEONARD, NANCY E 6984 WEATHERWOOD DR PENSACOLA FL 32506				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				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 *Nancy E Leonard* (NOTE: Registered Agent signature required when reinstating) DATE *01-18-99*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PRINCE, JOHN			1.2 NAME			
STREET ADDRESS	6997 WEATHERWOOD DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HATTON, RICHARD			2.2 NAME			
STREET ADDRESS	6992 WEATHERWOOD DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARTIN, KRISTAL			3.2 NAME			
STREET ADDRESS	7045 WEATHERWOOD DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LEONARD, NANCY			4.2 NAME			
STREET ADDRESS	6984 WEATHERWOOD DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506			4.4 CITY-ST-ZIP			
TITLE	BMD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HATTON, SHERRY			5.2 NAME			
STREET ADDRESS	6992 WEATHERWOOD DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *John Prince* SIGNATURE REQUIRED *John Prince* 1/18/99 850 452 3951
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)