

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39525

1. Entity Name

WEATHERWOOD WEST, PHASE II, HOMEOWNERS ASSOCIATI

Principal Place of Business

Mailing Address

P.O. BOX 3501
PENSACOLA FL 32506

P.O. BOX 3501
PENSACOLA FL 32516-3501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONARD, NANCY E
6984 WEATHERWOOD DR
PENSACOLA FL 32506

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Nancy E Leonard NANCY E LEONARD FEBRUARY 29, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PRINCE, JOHN
STREET ADDRESS 6997 WEATHERWOOD DR
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME HATTON, RICHARD
STREET ADDRESS 6992 WEATHERWOOD DR
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ Change ☒ Addition
NAME ELLIS, LORETTA
STREET ADDRESS 6988 WEATHERWOOD DRIVE
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE ST ☐ Delete
NAME LEONARD, NANCY
STREET ADDRESS 6984 WEATHERWOOD DR
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BMD ☒ Delete
NAME HATTON, SHERRY
STREET ADDRESS 6992 WEATHERWOOD DR
CITY-ST-ZIP PENSACOLA FL 32506

TITLE BMD ☐ Change ☒ Addition
NAME LEONARD, RICHARD D
STREET ADDRESS 6984 WEATHERWOOD DRIVE
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Prince John Prince, President February 29, 2000 850-452-3951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)