


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90021 037 ****61.25

DOCUMENT # N39914
 1. Entity Name
WETHERBEE ROAD ASSOCIATION, INC.



Principal Place of Business
820 PALMWAY ST
KISSIMME, FL 34744 US

Mailing Address
820 PALMWAY ST
KISSIMME, FL 34744 US

20018988



2. Principal Place of Business
clo 2884 S Osceola Ave
 Suite, Apt. #, etc.

3. Mailing Address
clo 2884 S Osceola Ave
 Suite, Apt. #, etc.

01202006 Chg-NP CR2E037 (11/05)

City & State
Orlando, Florida

City & State
Orlando, FL

Zip - Country
32806 USA

Zip - Country
32806 USA

4. FEI Number
59-3052734

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WORLD OF HOMES
2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *[Signature]* *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> Delete
NAME	HASSARD, DENNIS	
STREET ADDRESS	2027 TIPTREE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GARCIA, MIGUEL	
STREET ADDRESS	11948 FRIETH DR	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETILLO, CARNEY	
STREET ADDRESS	1937 TIPTOE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORELLI, HOLLY	
STREET ADDRESS	11320 HULLBRIDGE CT	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	SFARA, KAREN	
STREET ADDRESS	12440 BRAXTED DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERTRAND, YANY	
STREET ADDRESS	1428 BRADWELL DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32837	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garcia, Miguel	
STREET ADDRESS	11948 Frieth Drive	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* *[Signature]* *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **2/2/06** Daytime Phone #