


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90005 041 ****61.25

DOCUMENT # N39914					
1. Entity Name WETHERBEE ROAD ASSOCIATION, INC.					
Principal Place of Business C/O 2884 S OSCEOLA AVE ORLANDO, FL 32806 US			Mailing Address C/O 2884 S OSCEOLA AVE ORLANDO, FL 32806 US		
2. Principal Place of Business - No P.O. Box #			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	
WORLD OF HOMES 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSARD, DENNIS		NAME		
STREET ADDRESS	2027 TIPTREE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MIGUEL		NAME		
STREET ADDRESS	11948 FRIETH DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELLI, HOLLY		NAME		
STREET ADDRESS	11320 HULLBRIDGE CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SFARA, KAREN		NAME	PINSKY, BRIDGET	
STREET ADDRESS	12440 BRAXTED DRIVE		STREET ADDRESS	12526 BRAXTED DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	ORLANDO, FL. 32837	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTRAND, YANY		NAME	BOHANNON, SEAN	
STREET ADDRESS	1428 BRADWELL DRIVE		STREET ADDRESS	1801 SNARLES BROOK WAY	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BURLESON, ROBERTA	
STREET ADDRESS			STREET ADDRESS	12139 BELLSWORTH WAY	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL. 32837	
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 amendments, with all other like empowered.					
SIGNATURE: _____				Date: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 4076951356	