


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90021 035 ****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**

40047140



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01232008 Chg-NP CR2E037 (12/06)

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, 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, 2008**

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	V	<input type="checkbox"/> Delete
NAME	HASSARD, DENNIS	
STREET ADDRESS	2027 TIPTREE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, MIGUEL	
STREET ADDRESS	11948 FRIETH DR	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORELLI, HOLLY	
STREET ADDRESS	11320 HULLBRIDGE CT	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	S	<input type="checkbox"/> Delete
NAME	PINSKY, BRIDGET	
STREET ADDRESS	12526 BRAXTED DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOHANNON, SEAN	
STREET ADDRESS	1801 SNARLES BROOK WAY	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURLESON, ROBERTA	
STREET ADDRESS	12139 BELLSWORTH WAY	
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	<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: *Dennis Hassard* **Dennis Hassard** **3/12/2008** **407-242-7257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #