


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000007373		
1. Entity Name WEATHERSTONE ON LAKE OLIVIA HOME OWNER'S ASSOCIATION, INC.		

Principal Place of Business 9665 WEATHERSTONE COURT WINDERMERE, FL 34786	Mailing Address 9665 WEATHERSTONE COURT WINDERMERE, FL 34786
--	--



01132006 No Chg-NP GR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0890495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARIDAS, LARRY 9665 WEATHERSTONE COURT WINDERMERE, FL 34786
--

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

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

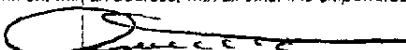
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D ARIDAS, LARRY 9665 WEATHERSTONE COURT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COLLINS, ANN 9649 WEATHERSTONE COURT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D TOLNER, MARK 9624 WEATHERSTONE COURT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/P KELSEY, BOB 9664 WEATHERSTONE CT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000402119
02/02/06-80072-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

 **MARK TOLNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/14/06**

Daytime Phone # **310 487 8320**