

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007373

FILED
Jan 11, 2008
Secretary of State

Entity Name: WEATHERSTONE ON LAKE OLIVIA HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

9665 WEATHERSTONE COURT
WINTERMERE, FL 34786

New Principal Place of Business:

9649 WEATHERSTONE COURT
WINTERMERE, FL 34786

Current Mailing Address:

9665 WEATHERSTONE COURT
WINTERMERE, FL 34786

New Mailing Address:

9649 WEATHERSTONE COURT
WINTERMERE, FL 34786

FEI Number: 65-0890495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIDAS, LARRY
9665 WEATHERSTONE COURT
WINTERMERE, FL 34786 US

Name and Address of New Registered Agent:

COLLINS, MICHAEL
9649 WEATHERSTONE COURT
WINTERMERE, FL 34786 US

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: MICHAEL COLLINS

Electronic Signature of Registered Agent

01/11/2008

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete

Name: ARIDAS, LARRY

Address: 9665 WEATHERSTONE COURT

City-St-Zip: WINTERMERE, FL 34786

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: S () Delete

Name: COLLINS, ANN

Address: 9649 WEATHERSTONE COURT

City-St-Zip: WINTERMERE, FL 34786

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: T/D () Delete

Name: TOLNER, MARK

Address: 9624 WEATHERSTONE COURT

City-St-Zip: WINTERMERE, FL 34786

Title: T/D (X) Change () Addition

Name: COLLINS, MICHAEL

Address: 9649 WEATHERSTONE COURT

City-St-Zip: WINTERMERE, FL 34786

Title: VPD () Delete

Name: KELSEY, BOB

Address: 9664 WEATHERSTONE CT

City-St-Zip: WINTERMERE, FL 34786

Title: VPD (X) Change () Addition

Name: STERNER, THOMAS

Address: 9648 WEATHERSTONE CT

City-St-Zip: WINTERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL COLLINS

T/D

01/11/2008

Electronic Signature of Signing Officer or Director

Date