

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007373

FILED
Jan 21, 2009
Secretary of State

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

Current Principal Place of Business:

9649 WEATHERSTONE COURT
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

9649 WEATHERSTONE COURT
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 65-0890495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, MICHAEL
9649 WEATHERSTONE COURT
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ARIDAS, LARRY
Address: 9665 WEATHERSTONE COURT
City-St-Zip: WINDERMERE, FL 34786

Title: S () Delete
Name: COLLINS, ANN
Address: 9649 WEATHERSTONE COURT
City-St-Zip: WINDERMERE, FL 34786

Title: T/D () Delete
Name: COLLINS, MICHAEL
Address: 9649 WEATHERSTONE COURT
City-St-Zip: WINDERMERE, FL 34786

Title: VPD () Delete
Name: STERNER, THOMAS
Address: 9648 WEATHERSTONE CT
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/21/2009

Electronic Signature of Signing Officer or Director

Date