

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90024 016 ****61.25

DOCUMENT # N99000000843

1. Entity Name
WEEMS PLANTATION OWNERS ASSOCIATION, INC.



Principal Place of Business
**7113 BEECH RIDGE TRAIL
SUITE 1
TALLAHASSEE, FL 32312**

Mailing Address
**7113 BEECH RIDGE TRAIL
SUITE 1
TALLAHASSEE, FL 32312**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
03-0476034

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDDY, MARIE
1580-2 BANNERMAN RD.
TALLAHASSEE, FL 32312**

Name **EDDY, MARIE**
Street Address (P.O. Box Number is Not Acceptable)

7113 Beech Ridge Trail Ste 1

City **TALLAHASSEE FL** Zip Code **32312**

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **PD**
STREET ADDRESS **PECK, LEROY**
CITY-ST-ZIP **3276 DARTMOUTH DR
TALLAHASSEE, FL 32317**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME **D**
STREET ADDRESS **WELLS, JAMES**
CITY-ST-ZIP **3473 EXMOUTH LN
TALLAHASSEE, FL 32317**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME **D**
STREET ADDRESS **EMGE, JAIME**
CITY-ST-ZIP **3230 EMERSON LN
TALLAHASSEE, FL 32317**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **Leroy Peck Leroy Peck**

2/13/06

250-877-1557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #