

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90016 045 ****61.25

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02132007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0476034	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDDY, MARIE 7113 BCH RIDGE TRL STE 1 TALLAHASSEE, FL 32312			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 STREET ADDRESS CITY-ST-ZIP	PD PECK, LEROY 3276 DARTMOUTH DR TALLAHASSEE, FL 32317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, PAM 3301 ADDISON LN. TALLAHASSEE, FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, JAMES 3473 EXMOUTH LN TALLAHASSEE, FL 32317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLIZZARD, BERNARD 3289 BUD MINS MOOR DR TALLAHASSEE, FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMGE, JAIME 3230 EMERSON LN TALLAHASSEE, FL 32317		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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 persons empowered.					
SIGNATURE: <i>Leroy Peck</i> LEROY PECK <i>2/19/07</i> 850 894-1919					