

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727252 (9)

1. Corporation Name

WEKIVA VILLAS, INC.



Principal Place of Business

445 DOUGLAS AVE.
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

P.O. BOX 180386
ALTAMONTE SPRINGS FL 32716-0386
US

3. Date Incorporated or Qualified

08/24/1973

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1534601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

PSAUSER, MARGO
445 DOUGLAS AVE.
SUITE 2205-B
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, JOE	
STREET ADDRESS	101 TOMOKA TRAIL	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NORRIS, ROB	
STREET ADDRESS	127 TOMOKA TRAIL	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALLISON, JEANNIE	
STREET ADDRESS	107 TOMOKA TRAIL	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVIS, PAM	
STREET ADDRESS	204 TOMOKA TRAIL	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLACKWELL, PAMELA	
STREET ADDRESS	112 TOMOKA TRAIL	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	RISKE, BILL	
STREET ADDRESS	PO BOX 1124	
CITY - ST - ZIP	LONGWOOD FL 32779	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

DP Kimberly Sprayberry
209 Tomoka Trail
Longwood FL 32779

PD PAMELA H. DAVIS

700001873677
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-96 407 682-3443

PAMELA H. DAVIS

CR2E037 (12/95)