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Mar 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 160386 *Wiang*
ALTAMONTE SPRINGS FL 32716
US

3. Date Incorporated or Qualified
08/24/1973

3a. Date of Last Report
06/24/1996

2. Principal Place of Business

21 238 N. Westmonte Driv.
Suite, Apt. #, etc.

22 Suite # 105

City & State

23 Altamonte Springs

Zip

24 32714

Country

25 US

2a. Mailing Address

26 P.O. Box 160386
Suite, Apt. #, etc.

27

City & State

28 Altamonte Springs FL

Zip

29 32716-0386

Country

30 US

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

10. Name and Address of New Registered Agent

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

81 Name

Margo Pfauter

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

238 N. Westmonte Drive

83

Suite 105

84 City

Altamonte Springs

FL

85 Zip Code

32714

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME SPRAYBERRY, KIMBERLY
STREET ADDRESS 209 TOMOKA TR.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE SD ☐ DELETE

NAME ALLISON, JEANNIE
STREET ADDRESS 107 TOMOKA TRAIL
CITY-ST-ZIP LONGWOOD FL 32779

TITLE PD ☐ DELETE

NAME DAVIS, PAMELA H
STREET ADDRESS 204 TOMOKA TRAIL
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME WAGENHORST, DOROTHY G.
1.3 STREET ADDRESS 103 TOMOKA TRAIL
1.4 CITY-ST-ZIP LONGWOOD, FL 32779

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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:

X PAMELA H. DAVIS

March 20, 1997 407 862-0307

CR2E037 (9/96)