

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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: **238 N WESTMONTE DR STE #105 ALTAMONTE SPRGS FL 32714 US**  
Mailing Address: **PO BOX 160386 ALTAMONT SPRINGS FL 32716-0386 US**

3. Date Incorporated or Qualified: **08/24/1973**  
4. FEI Number: **59-1534601**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22 Suite 260**  
City & State: **27**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**PFAUSER, MARGO**  
**238 N WESTMONTE DR**  
**STE 105**  
**ALTAMONTE SPRGS FL 31714**

10. Name and Address of New Registered Agent  
**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**Suite 260**  
**B3**  
**B4** City **FL** **B5** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: <b>DP</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>SPRAYBERRY, KIMBERLY</b>
STREET ADDRESS: <b>209 TOMOKA TR.</b>	CITY-ST-ZIP: <b>LONGWOOD FL 32779</b>
TITLE: <b>SD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>ALLISON, JEANNIE</b>
STREET ADDRESS: <b>107 TOMOKA TRAIL</b>	CITY-ST-ZIP: <b>LONGWOOD FL 32779</b>
TITLE: <b>PD</b> <input type="checkbox"/> DELETE	NAME: <b>DAVIS, PAMELA H</b>
STREET ADDRESS: <b>204 TOMOKA TRAIL</b>	CITY-ST-ZIP: <b>LONGWOOD FL 32779</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>WAGENHORST, DOROTHY G</b>
STREET ADDRESS: <b>103 TOMOKA TRAIL</b>	CITY-ST-ZIP: <b>LONGWOOD FL 32779</b>
TITLE: <input type="checkbox"/> DELETE	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <b>Yvette</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME: <b>D VP Yvonne Albin</b>
1.3 STREET ADDRESS: <b>200 Tomoka Trail</b>	1.4 CITY-ST-ZIP: <b>Longwood, FL 32779</b>
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME:
2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME:
3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME:
4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME:
5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME:
6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I 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 \_\_\_\_\_

CR2E037 (10/97)