FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729387 (1)

1. Corporation Name
THE WEKIVA HUNT CLUB COMMUNITY ASSOCIATION,INC.

Principal Place of Business	Mailing Address
237 HUNT CLUB BLVD SUITE 201 LONGWOOD FL 32779	237 HUNT CLUB BLVD SUITE 201 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1974	3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-1531241	☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	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
TAYLOR, ROBERT LOCKE 1900 SUMMIT TOWER BLVD SUITE 800 ORLANDO FL 32810	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes

SIGNATURE ______________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MADDEN, TRICIA 108 BEAUFORT DR LONGWOOD FL	1	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NESS, CHARLES 201 CHURCHILL DR LONGWOOD FL	2	☒ Change ☐ Addition D Charles Ness 201 Churchill Drive, Longwood 32779
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BAILEY, STEVEN 110 COTTESMORE CIR E LONGWOOD FL	3	☒ Change ☐ Addition VPD Steven Bailey 110 Cottesmore Circle, Longwood 32779
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SACHER, THOMAS 109 COLYER DR LONGWOOD FL	4	☒ Change ☐ Addition D Thomas Sacher 109 Colyer Drive, Longwood 32779
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEN, ROBERT 362 WINCHESTER CT LONGWOOD FL	5	☒ Change ☐ Addition TD Sandy Robinson 112 Donnington Court, Longwood, 32779
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWETT, ROBERT 106 WYNDHAM CT LONGWOOD FL	6	☒ Change ☐ Addition SD Gabrielle Milch 252 Coble Drive, Longwood, 32779

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. 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tricia A. Madden

4/26/95 Date — 407-260-1440 Daytime Phone #

0003301