


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729387** (1)
1. Corporation Name
THE WEKIVA HUNT CLUB COMMUNITY ASSOCIATION, INC.



Principal Place of Business 2180 W SR 434 SUITE 5000 LONGWOOD FL 32779 US	Mailing Address 2180 W SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/18/1974	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1531241	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

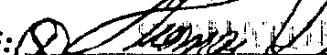
9. Name and Address of Current Registered Agent TAYLOR, ROBERT LOCKE 1900 SUMMIT TOWER BLVD SUITE 800 ORLANDO FL 32810	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Thomas Sacher, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MADDEN, TRICIA		1.2 NAME 109 Colyer Drive	
STREET ADDRESS 108 BEAUFORT DR		1.3 STREET ADDRESS Longwood, FL 32779	
CITY-ST-ZIP LONGWOOD FL		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Steven Bailey, Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NESS, CHARLES		2.2 NAME 110 Cottesmore Circle East	
STREET ADDRESS 201 CHURCHILL DR		2.3 STREET ADDRESS Longwood, FL 32779	
CITY-ST-ZIP LONGWOOD FL		2.4 CITY-ST-ZIP	
TITLE VPO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Bert Glick, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BAILEY, STEVEN		3.2 NAME 521 Stanton Place	
STREET ADDRESS 110 COTTESMORE CIR E		3.3 STREET ADDRESS Longwood FL 32779	
CITY-ST-ZIP LONGWOOD FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Tricia Madden, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SACHER, THOMAS		4.2 NAME 108 Beaufort Dr	
STREET ADDRESS 109 COLYER DR		4.3 STREET ADDRESS Longwood, FL 32779	
CITY-ST-ZIP LONGWOOD FL		4.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Will Wellons, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROBINSON, SANDY		5.2 NAME 2434 Canterclub Trail	
STREET ADDRESS 112 DONNINGTON COURT		5.3 STREET ADDRESS Longwood, FL 32779	
CITY-ST-ZIP LONGWOOD FL		5.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE Sandy Robinson, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILCH, GABRIELLE		6.2 NAME 112 Donnington Ct	
STREET ADDRESS 252 COBLE DRIVE		6.3 STREET ADDRESS Longwood FL 32779	
CITY-ST-ZIP LONGWOOD FL		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:  REQUIRED

CR2E037 (9/96)