


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
---	---	---

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
---	--

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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

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
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 _____ (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	<i>Thomas Sacher, President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDEN, TRICIA	1.2 NAME	<i>109 Colyer Drive</i>
STREET ADDRESS	108 BEAUFORT DR	1.3 STREET ADDRESS	<i>Longwood, FL 32779</i>
CITY - ST - ZIP	LONGWOOD FL	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<i>Steven Bailey, Vice President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESS, CHARLES	2.2 NAME	<i>110 Cottesmore Circle East</i>
STREET ADDRESS	201 CHURCHILL DR	2.3 STREET ADDRESS	<i>Longwood, FL 32779</i>
CITY - ST - ZIP	LONGWOOD FL	2.4 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>Bert Glick, Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, STEVEN	3.2 NAME	<i>521 Stanton Place</i>
STREET ADDRESS	110 COTESMORE CIR E	3.3 STREET ADDRESS	<i>Longwood FL 32779</i>
CITY - ST - ZIP	LONGWOOD FL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<i>Tricia Madden Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHER, THOMAS	4.2 NAME	<i>108 Beaufort Dr</i>
STREET ADDRESS	109 COLYER DR	4.3 STREET ADDRESS	<i>Longwood, FL 32779</i>
CITY - ST - ZIP	LONGWOOD FL	4.4 CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<i>Will Wellons, Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, SANDY	5.2 NAME	<i>2434 Canterclub Trail</i>
STREET ADDRESS	112 DONNINGTON COURT	5.3 STREET ADDRESS	<i>Longwood, FL 32779</i>
CITY - ST - ZIP	LONGWOOD FL	5.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<i>Sandy Robinson Treasurer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILCH, GABRIELLE	6.2 NAME	<i>112 Donnington Ct</i>
STREET ADDRESS	252 COBLE DRIVE	6.3 STREET ADDRESS	<i>Longwood FL 32779</i>
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: *[Signature]* _____ DATE: _____

CR2E037 (9/96)