


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 US
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2. Principal Place of Business 21 239 Hunt Club Blvd. Suite, Apt. #, etc. Suite 101 Longwood, Fla City & State 23 32779 25 Seminole	2a. Mailing Address 26 P.O. Box 915707 Suite, Apt. #, etc. 27 Longwood FL City & State 28 32791-5707 30 Seminole
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3. Date Incorporated or Qualified 04/18/1974	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	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
TITLE	<input type="checkbox"/> DELETE
NAME	S MADDEN, TRICIA
STREET ADDRESS	108 BEAUFORT DR
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	D GLICK, BERT
STREET ADDRESS	521 STANTON PLACE
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP BAILEY, STEVEN
STREET ADDRESS	110 COTTESMORE CIR E
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	P SACHER, THOMAS
STREET ADDRESS	109 COLYER DR
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	T ROBINSON, SANDY
STREET ADDRESS	112 DONNINGTON COURT
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	D WELLONS, WILL
STREET ADDRESS	2434 CENTER CLUB TR
CITY-ST-ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBINSON, SANDY
5.3 STREET ADDRESS	112 Donnington Court
5.4 CITY-ST-ZIP	Longwood, FL
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wellons, Will
6.3 STREET ADDRESS	2434 Canterclub Trail
6.4 CITY-ST-ZIP	Longwood FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE: *Thomas Sacher* President 2/5/98

CFR2037 (10/97)