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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729387

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

Principal Place of Business 239 HUNT CLUB BLVD. SUITE 101 LONGWOOD FL 32779 US	Mailing Address P.O. BOX 915707 LONGWOOD FL 32779 US
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DEPARTMENT OF STATE



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 04/18/1974 4. FEI Number 59-1531241 Applied For 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
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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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE	NAME MADDEN, TRICIA
STREET ADDRESS	108 BEAUFORT DR		
CITY-ST-ZIP	LONGWOOD FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	NAME GLICK, BERT
STREET ADDRESS	521 STANTON PLACE		
CITY-ST-ZIP	LONGWOOD FL		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	NAME BAILEY, STEVEN
STREET ADDRESS	110 COTTESMORE CIR E		
CITY-ST-ZIP	LONGWOOD FL		
TITLE	P	<input type="checkbox"/> DELETE	NAME SACHER, THOMAS
STREET ADDRESS	109 COLYER DR		
CITY-ST-ZIP	LONGWOOD FL		
TITLE	D	<input type="checkbox"/> DELETE	NAME ROBINSON, SANDY
STREET ADDRESS	112 DONNINGTON COURT		
CITY-ST-ZIP	LONGWOOD FL		
TITLE	T	<input type="checkbox"/> DELETE	NAME 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME NESS, CHARLES
1.3 STREET ADDRESS	201 Churchill Drive		
1.4 CITY-ST-ZIP	Longwood, FL 32779		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME SACHER, THOMAS
2.3 STREET ADDRESS	109 Colyer Drive		
2.4 CITY-ST-ZIP	Longwood, FL 32779		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME DEAL, DEBORAH
3.3 STREET ADDRESS	436 Newton Pl		
3.4 CITY-ST-ZIP	Longwood, FL 32779		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME ORR, AMY
4.3 STREET ADDRESS	2443 Canterclub Trail		
4.4 CITY-ST-ZIP	Apopka, FL 32712		
5.1 TITLE	S	<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 32779		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.2 NAME DAMIANI, LUI
6.3 STREET ADDRESS	113 W. Wyndham Ct.		
6.4 CITY-ST-ZIP	Longwood, FL 32779		

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, with all other like empowered.

SIGNATURE: *Sandy Robinson* **Sandy Robinson** 1/8/99 774-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037, (1/98)