

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 729387**

1. Entity Name

THE WEKIVA HUNT CLUB COMMUNITY ASSOCIATION, INC.**FILED****Feb 03, 2001 8:00 am**
Secretary of State

02-03-2001 90078 013 ****61.25

Principal Place of Business

**239 HUNT CLUB BLVD.
SUITE 101
LONGWOOD FL 32779
US**

Mailing Address

**P.O. BOX 915707
LONGWOOD FL 32779
US**

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1531241

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, ROBERT LOCKE
1900 SUMMIT TOWER BLVD
SUITE 800
ORLANDO FL 32810**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **NESS, CHARLES**
STREET ADDRESS **201 CHURCHILL DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32779**TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MARINI, GRACE**
STREET ADDRESS **105 LYNTHURST DR**
CITY-ST-ZIP **LONGWOOD FL 32779**TITLE **D** ☐ Change ☒ Addition
NAME **ORR, AMY**
STREET ADDRESS **2443 CANTERCLUB TRAIL**
CITY-ST-ZIP **APOPKA, FL 32712**TITLE **D** ☒ Delete
NAME **DEAL, DEBORAH**
STREET ADDRESS **436 NEWTON PLACE**
CITY-ST-ZIP **LONGWOOD FL 32779**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **SACHER, THOMAS**
STREET ADDRESS **109 COLYER DR**
CITY-ST-ZIP **LONGWOOD FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ROBINSON, SANDY**
STREET ADDRESS **112 DONNINGTON COURT**
CITY-ST-ZIP **LONGWOOD FL 32779**TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DAMIANI, LUI**
STREET ADDRESS **113 WEST WYNDHAM COURT**
CITY-ST-ZIP **LONGWOOD FL 32779**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-01 407-774-6111

CR2E037 (10/00)