

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90152 020 \*\*\*\*61.25

**DOCUMENT # 729387**

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

239 HUNT CLUB BLVD.

Suite, Apt. #, etc.  
SUITE 101

City & State  
LONGWOOD, FL

Zip  
32779

Country  
U.S.

4. FEI Number

59-1531241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

TAYLOR, ROBERT LOCKE

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

~~850 CONCOURSE PARKWAY SOUTH~~

SUITE 105

City

MAITLAND

FL

Zip Code  
32751

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

TITLE **D** ☐ Delete  
NAME **NESS, CHARLES**  
STREET ADDRESS **201 CHURCHILL DRIVE**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☒ Delete  
NAME **ORR, AMY**  
STREET ADDRESS **2443 CANTERCLUB TRAIL**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **P** ☐ Delete  
NAME **SACHER, THOMAS**  
STREET ADDRESS **109 COLYER DR**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **P** ☒ Delete  
NAME **ROBINSON, SANDY**  
STREET ADDRESS **112 DONNINGTON COURT**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Delete  
NAME **DAMIANI, LUI**  
STREET ADDRESS **113 WEST WYNDHAM COURT**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Change ☐ Addition  
NAME **NESS, CHARLES**  
STREET ADDRESS **201 CHURCHILL DRIVE**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **S** ☐ Change ☒ Addition  
NAME **MARINI, GRACE**  
STREET ADDRESS **225 PHEASANT RUN CT.**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **V** ☒ Change ☐ Addition  
NAME **SACHER, THOMAS**  
STREET ADDRESS **109 COLYER DR**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **D** ☐ Change ☒ Addition  
NAME **OLSEN, TRACY**  
STREET ADDRESS **122 COTTESMORE CIRCLE E.**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **P** ☒ Change ☐ Addition  
NAME **DAMIANI, LUI**  
STREET ADDRESS **225 PHEASANT RUN CT.**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **D** ☐ Change ☒ Addition  
NAME **FLORA, JOHN**  
STREET ADDRESS **179 HAVILLAND POINT**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

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:**

*Charles Ness*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02 (407) 774-6111

CR2E037 (9/01)

Addition:

D  
Madden, Arthur  
108 Beaufort Drive  
Longwood, Florida 32779

Attachment  
Doc# 729387

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401032

val. suite  
- 012  
BT