

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90111 009 \*\*\*\*61.25

**DOCUMENT # N00000006325**

1. Entity Name

**WEKIVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2973 W. STATE RD. 434. #400  
 LONGWOOD FL 32779

2973 W. STATE RD. 434. #400  
 LONGWOOD FL 32779

2. Principal Place of Business

2180 W. SR 434

3. Mailing Address

2180 W. SR 434

Suite, Apt. #, etc.

STE 5000

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

59-3707561

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELAMED, ELI  
 2973 W. STATE RD. 434, #400  
 LONGWOOD FL 32779

JAMES W HART JR  
 SENTRY MANAGEMENT INC  
 2180 WEST SR 434 STE 5000  
 LONGWOOD FL 32779

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

2/14/02

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 **PTD**  Delete  
 NAME **MELAMED, ELI**  
 STREET ADDRESS **2973 W. STATE RD. 434, #400**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **PD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **MELAMED, RITA**  
 STREET ADDRESS **2973 W. STATE RD. 434, #400**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VD**  Change  Addition  
 NAME **SANDER, JAMES A**  
 STREET ADDRESS **2179 WEKIVA VILLAGE LANE**  
 CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **D**  Delete  
 NAME **STEINER, LAWRENCE R**  
 STREET ADDRESS **797 DOUGLAS AVE.**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **STD**  Change  Addition  
 NAME **CARCARA, JOHN F**  
 STREET ADDRESS **2187 WEKIVA VILLAGE LANE**  
 CITY-ST-ZIP **APOPKA, FL 32703**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 19.07(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 REQUIRED**

3/28/02

107-880-1325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)