


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90219 021 ****61.25

DOCUMENT # N00000006325

1. Entity Name
WEKIVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

2180 W. SR 434 **2180 W. SR 434**
STE 5000 **STE 5000**
LONGWOOD FL 32779-5044 **LONGWOOD FL 32779-5044**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3707561** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MELAMED, ELI	
STREET ADDRESS	2973 W. STATE RD. 434, #400	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SANDER, JAMES A	
STREET ADDRESS	2179 WEKIVA VILLAGE LANE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CARCARA, JOHN F	
STREET ADDRESS	2187 WEKIVA VILLAGE LANE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAN NAPLEN	
STREET ADDRESS	2170 WEKIVA VILLAGE LN	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY FELTON	
STREET ADDRESS	2251 WEKIVA VILLAGE LN	
CITY-ST-ZIP	APOPKA FL	
TITLE	VPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM BODINE	
STREET ADDRESS	2228 WEKIVA VILLAGE LN	
CITY-ST-ZIP	APOPKA FL	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN STITES	
STREET ADDRESS	2182 WEKIVA VILLAGE LN	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELIA DYER	
STREET ADDRESS	2283 WEKIVA VILLAGE LN	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **STAN NAPLEN 3-25-03 4079290406**

CR2E037 (10/02)