

4-4-95 6-3003-XC
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -4 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05774 (7)

1. Corporation Name

WEKIVA HUNT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**237 HUNT CLUB BLVD., #201
LONGWOOD FL 32779**

Mailing Address

**237 HUNT CLUB BLVD., #201
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2852282

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**VINCENT, PATRICIA L.
237 HUNT CLUB BLVD., #201
LONGWOOD FL 32779**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PETER INGRASSIA
STREET ADDRESS	161 DURHAM PLACE
CITY - ST - ZIP	LONGWOOD FL
TITLE	VP
NAME	FRY, CHUCK
STREET ADDRESS	158 DURHAM PL
CITY - ST - ZIP	LONGWOOD FL
TITLE	TD
NAME	JONES, HAL
STREET ADDRESS	173 DURHAM PLACE
CITY - ST - ZIP	LONGWOOD FL
TITLE	SD
NAME	LEWIS, KEN
STREET ADDRESS	195 DURHAM PLACE
CITY - ST - ZIP	LONGWOOD FL
TITLE	D
NAME	HALVERSON, KEITH
STREET ADDRESS	580 CAPE CODE LANE
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	William Iles	
1.3 STREET ADDRESS	112 Durham Pl., Longwood, FL 32779	
1.4 CITY - ST - ZIP		
2.1 TITLE	Vd	☒ Change ☐ Addition
2.2 NAME	Robert Leet	
2.3 STREET ADDRESS	3975 Lancashire Lane, Longwood, 32779	
2.4 CITY - ST - ZIP		
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	Michael Meades	
3.3 STREET ADDRESS	122 Durham Pl., Longwood, 32779	
3.4 CITY - ST - ZIP		
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME	Seward Carrick	
4.3 STREET ADDRESS	3980 Lancashire Ln., Longwood, 32779	
4.4 CITY - ST - ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	James Cochran	
5.3 STREET ADDRESS	141 Durham Pl., Longwood, 32779	
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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 in an alternate agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL MEADES

17 March 95

Date

107-682-1444

Telephone Number