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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05774

1. Corporation Name

WEKIVA HUNT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

190 N. WESTMONTE DR
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

190 N. WESTMONTE DR
ALTAMONTE SPRINGS FL 32714
US



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

3. Date Incorporated or Qualified

10/22/1984

4. FEI Number

59-2474944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CAMPBELL, MARILYN C

RE/MAX CENTRAL PROPERTY MGMT

2170 SR 434 W., STE. 384

LONGWOOD FL 32779

81 Name

82

190 N WESTMONTE DR STE 100

83

ALTAMONTE SPRINGS FL 32714

84

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME ORCUTT, EDWIN
STREET ADDRESS 191 DURAM PL
CITY-ST-ZIP LONGWOOD FL 32779
☐ DELETE

TITLE PD
NAME CUNNINGHAM, JERRY
STREET ADDRESS 3955 COVERLY COURT
CITY-ST-ZIP LONGWOOD FL
☒ DELETE

TITLE D
NAME BOSSETTI, BARBARA
STREET ADDRESS 195 DURHAM PL
CITY-ST-ZIP LONGWOOD FL 32779
☒ DELETE

TITLE TD
NAME PLUTO, GAYLE
STREET ADDRESS 185 DURHAM PLACE
CITY-ST-ZIP LONGWOOD FL
☒ DELETE

TITLE SD
NAME BRIGNULL, EVELYN
STREET ADDRESS 3994 RADLEY COURT
CITY-ST-ZIP LONGWOOD FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition

2.1 TITLE T/D
2.2 NAME WILKINS, JOSEPH
2.3 STREET ADDRESS 3966 LANCASHIRE LN
2.4 CITY-ST-ZIP LONGWOOD FL 32779
☐ Change ☒ Addition

3.1 TITLE S/D
3.2 NAME WINN, ELEANOR
3.3 STREET ADDRESS 3970 LANCASHIRE LN
3.4 CITY-ST-ZIP LONGWOOD FL 32779
☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME HAMLET, KAREN
4.3 STREET ADDRESS 173 DURHAM PL
4.4 CITY-ST-ZIP LONGWOOD FL 32779
☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME MELCO, GARY
5.3 STREET ADDRESS 134 DURHAM PL
5.4 CITY-ST-ZIP LONGWOOD FL 32779
☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

EDWIN B ORCUTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin B Orcutt
3-10-99

Daytime Phone #

(407) 869-1190

CR2E037 (11/98)