

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

0024924

DOCUMENT # N05774

1. Entity Name

WEKIVA HUNT CLUB CONDOMINIUM ASSOCIATION, INC.

04-24-2001 90014 043 ****61.25

Principal Place of Business

% ATTWOOD & PHILLIPS
 1350 ORANGE AVE., SUITE 100
 WINTER PARK FL 32789
 US

Mailing Address

% ATTWOOD & PHILLIPS
 1350 ORANGE AVE., SUITE 100
 WINTER PARK FL 32789
 US

643608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2474944

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, ROGER V
1350 ORANGE AVENUE, SUITE 100
WINTER PARK FL 32789

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **KERN, WILLIAM**
 STREET ADDRESS **159 DURHAM PL**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☒ Delete
 NAME **WILKINS, JOSEPH**
 STREET ADDRESS **3966 LANCHASIRE LN**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VD** ☐ Change ☒ Addition
 NAME **PREGNO, RICHARD**
 STREET ADDRESS **110 DURHAM PL**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **SD** ☒ Delete
 NAME **WINN, ELEANOR**
 STREET ADDRESS **3970 LANCASHIRE LN**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **SD** ☐ Change ☒ Addition
 NAME **ILES, WILLIAM**
 STREET ADDRESS **112 DURHAM PL**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☒ Delete
 NAME **HAMLET, KAREN**
 STREET ADDRESS **173 DURHAM PL**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **TD** ☐ Change ☒ Addition
 NAME **BOSSETTI, JOSEPH**
 STREET ADDRESS **195 DURHAM PL**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☒ Delete
 NAME **MELCO, GARY**
 STREET ADDRESS **134 DURHAM PL**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Change ☒ Addition
 NAME **PENSA. HERC**
 STREET ADDRESS **3990 RADLEY CT**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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: WILLIAM J. KERN

4/18/01 - 407/644-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)