

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 MAR -3 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10289** (9)
1. Corporation Name
WEKIVA RESERVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
237 HUNT CLUB BLVD. #201 237 HUNT CLUB BLVD. #201
LONGWOOD FL 32779 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/17/1985	3a. Date of Last Report 03/16/1994
4. FEI Number 59-2689256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
VINCENT, PATRICIA
237 HUNT CLUB BLVD #201
SUITE 400
LONGWOOD 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUSKEY, BERT
STREET ADDRESS	2725 CANDLEWOOD CT
CITY-ST-ZIP	APOPKA FL
TITLE	TD
NAME	SAPP, BRENDA
STREET ADDRESS	2707 CANDLEWOOD CT
CITY-ST-ZIP	APOPKA FL
TITLE	SD
NAME	PARROTT, SHAY
STREET ADDRESS	2742 CANDLEWOOD CT
CITY-ST-ZIP	APOPKA FL
TITLE	VD
NAME	SMITH, RAYMOND
STREET ADDRESS	2848 CANDELA CT
CITY-ST-ZIP	APOPKA FL
TITLE	D
NAME	RYAN, RICHARD
STREET ADDRESS	2855 CANDELA COURT
CITY-ST-ZIP	APOPKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barbara Bradley
1.3 STREET ADDRESS	2881 Candela Ct, Apopka, 32703
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Sd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robin Liebman
3.3 STREET ADDRESS	2853 Boulder Falls Ct, Apopka, 32703
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	d <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mike Henning
5.3 STREET ADDRESS	2786 Cornerstone Ct, Apopka, 32703
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 registered agent empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or 13, or if changed, or on an attachment with an addendum.

SIGNATURE: *Barbara Bradley* 2/23/95 407 - 788-2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Barbara Bradley** 2/23/95