

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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-04/12/96--01012--034
***61.25

DOCUMENT # N10289 (9)

1. Corporation Name

WEKIVA RESERVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

237 HUNT CLUB BLVD. #201
LONGWOOD FL 32779

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LONGWOOD FL 32779

3. Date incorporated or Qualified 07/17/1985
3a. Date of Last Report 03/03/1995

2. Principal Place of Business 21 2170 S.R. 434 W
2a. Mailing Address 26 2170 S.R. 434 W

4. FEI Number 59-2689256
Applied For Not Applicable

Suite, Apt. #, etc. 22 STE 384
27 STE 384

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

City & State 23 Longwood FL
28 Longwood FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 24 32779 Country 25 Sem
29 32779 30 Sem

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINCENT, PATRICIA
237 HUNT CLUB BLVD #201
SUITE 400
LONGWOOD 32779

81 Name EDITH HENRIKSSON
82 Street Address (P.O. Box Number is Not Acceptable) 2170 S.R. 434 W.
83 SUITE 384
84 City Longwood FL 85 Zip Code 32779

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 Edith Henriksson

4/8/96

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRADLEY, BARBARA	
STREET ADDRESS	2881 CANDELA COURT	
CITY-ST-ZIP	APOPKA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAPR, BRENDA	
STREET ADDRESS	2707 CANDLEWOOD CT	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LIEBMAN, ROBIN	
STREET ADDRESS	2853 BOULDER FALLS COURT	
CITY-ST-ZIP	APOPKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, RAYMOND	
STREET ADDRESS	2846 CANDELA CT	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENNING, MIKE	
STREET ADDRESS	2786 CORNERSTONE COURT	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALBERT HUSKEY	
1.3 STREET ADDRESS	2725 CANDLEWOOD CT	
1.4 CITY-ST-ZIP	APOPKA, FL 32703	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALEX JERNIAN	
2.3 STREET ADDRESS	2755 CANDLEWOOD CT.	
2.4 CITY-ST-ZIP	APOPKA, FL 32703	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Paymond Smith	
4.3 STREET ADDRESS	2846 Candela Ct	
4.4 CITY-ST-ZIP	apopka, FL 32703	
5.1 TITLE	UP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kurt Vest	
5.3 STREET ADDRESS	2924 Harbor Grace Ct	
5.4 CITY-ST-ZIP	apopka, FL 32703	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Albert Huskey

3/27/96 (407)862-2252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)

4-11-96SR