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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10289 (9)
 1. Corporation Name
WEKIVA RESERVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2170 S.R. 434 W SUITE 384 LONGWOOD FL 32779	Mailing Address 2170 S.R. 434 W SUITE 384 LONGWOOD FL 32779
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3. Date Incorporated or Qualified
07/17/1985

4. FEI Number
59-2689256

Applied For
 Not Applicable

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

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MERNGUIST, EDITH
 2170 S.R. 434 W
 SUITE 384
 LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
Marilyn C. Campbell

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City
FL 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 *Marilyn Campbell* **Marilyn Campbell** DATE **4/3/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JERNINGAN, ALEX	
STREET ADDRESS	2755 CANDLEWOOD CT.	
CITY-ST-ZIP	APOPKA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LIEBMAN, ROBIN	
STREET ADDRESS	2853 BOULDER FALLS COURT	
CITY-ST-ZIP	APOPKA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SMITH, RAYMOND	
STREET ADDRESS	2846 CANDLEWOOD CT.	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SEAUST, GEORGE	
STREET ADDRESS	1150 CRISPWOOD CT	
CITY-ST-ZIP	APOPKA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VEST, KURT	
STREET ADDRESS	2924 HARBOR GRACE CT.	
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

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Francis, Cande	
1.3 STREET ADDRESS	2907 Boulder Falls Ct	
1.4 CITY-ST-ZIP	Apopka FL 32703	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McNatt, Amanda	
2.3 STREET ADDRESS	2578 Lancaster Ct	
2.4 CITY-ST-ZIP	Apopka FL 32703	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hofen, Carol	
4.3 STREET ADDRESS	2942 Candela Ct	
4.4 CITY-ST-ZIP	Apopka FL 32703	
5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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.

SIGNATURE: *Raymond Smith*

Raymond Smith

CR2E037 (10/97)