

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90057 020 ****61.25

DOCUMENT # N99000002217

1. Entity Name

WEKIVA CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~385 DOUGLAS AVENUE~~
~~SUITE 1000~~
~~ALTAMONTE SPRINGS FL 32714~~

~~385 DOUGLAS AVENUE~~
~~SUITE 1000~~
~~ALTAMONTE SPRINGS FL 32714 0000~~

2. Principal Place of Business

1416 Concord St. East

3. Mailing Address

PO Box 531010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32803

Country
US

Zip
32853-1010

Country
US

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

~~CENTEX REAL ESTATE CORPORATION~~
~~385 DOUGLAS AVENUE~~
~~SUITE 1000~~
~~ALTAMONTE SPRINGS FL 32714~~

Name
The Melrose Corporation
 Street Address (P.O. Box Number is not)
1416 Concord St. East
 City
Orlando FL **32803**

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	<input checked="" type="checkbox"/> Delete
NAME	LEPERA, GREG	
STREET ADDRESS	385 DOUGLAS AVENUE SUITE 1000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KANE, MIKE	
STREET ADDRESS	385 DOUGLAS AVENUE SUITE 1000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KAISER, DAN	
STREET ADDRESS	385 DOUGLAS AVENUE SUITE 1000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phil Miles	
STREET ADDRESS	385 Douglas Ave. # 2000	
CITY-ST-ZIP	Altamonte Springs FL 32714	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Makransky	
STREET ADDRESS	Same as above	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirsten Stapleton	
STREET ADDRESS	Same as above	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 OF James W. Makransky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

(407) 661-2174
 Daytime Phone #

CR2E037 (9/99)