

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 ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ 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
FL 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

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

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUSKEY, BERT 2725 CANDLEWOOD CT APOPKA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAPP, BRENDA 2707 CANDLEWOOD CT APOPKA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARROTT, SHAY 2742 CANDLEWOOD CT APOPKA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, RAYMOND 2846 CANDELA CT APOPKA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, RICHARD 2855 CANDELA COURT APOPKA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	pd Barbara Bradley 2881 Candela Ct, Apopka, 32703	☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	sd Robin Liebman 2853 Boulder Falls Ct, Apopka, 32703	☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	d Mike Henning 2786 Cornerstone Ct, Apopka, 32703	☒ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or 13 or 14 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Bradley
Barbara Bradley

DATE

2/23/95

407 - 788-2750

Telephone Number