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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 729387

(1)

THE WEKIVA HUNT CLUB COMMUNITY ASSOCIATION.INC.

Principal Place of Business Mailing Address 237 HUNT CLUB BLVD 237 HUNT CLUB BLVD SUITE 201 SUITE 201 LONGWOOD FL 32779 LONGWOOD FL 32779 3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1974 05/01/1995 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-1531241 2180 WEST SR 434 26 Not Applicable 21 2180 WEST SR 434 Suite, Apt. #, etc. Suite, Apt. #, etc. 5000 \$8.75 Additional 5. Certificate of Status Desired 27 5000 Fee Required 22 State WOOD FL City & State 6. Election Campaign Financing \$5.00 May Be LONGWOOD FL Country USA 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \( \frac{\texts{1}}{\texts{N}} \) No Ζıρ Country 32779 USA 32779 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAYLOR, ROBERT LOCKE Street Address (P.O. Box Number is Not Acceptable) 1900 SUMMIT TOWER BLVD 83 SUITE 800 ORLANDO FL 32810 RA City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change Addition 1.1 Till E TITLE NAME MADDEN, TRICIA 1.2 NAME STREET ADDRESS 108 BEAUFORT DR 1.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change ☐ Addition 2.1 TIDE TITLE NESS, CHARLES 2 2 NAME NAME 201 CHURCHILL DR STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE **VPD** 3.1 TITLE NAME BAILEY, STEVEN 3 2 NAME STREET ADDRESS 110 COTTESMORE CIR E 33 STHEET ADDRESS LONGWOOD FL 34 City-St-ZiP CITY-ST-ZIP DELETE 4 1 TITLE Change ☐ Addition TITLE SACHER, THOMAS 4 2 NAME NAME 109 COLYER DR 4.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5 1 TITL€ ROBINSON, SANDY 5.2 NAME NAME 112 DONNINGTON COURT 5.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 5 4 C(1) Y - S( - Z(P CITY-ST-ZIP DELETE Change ☐ Addition 61 TITLE TITLE SD MILCH, GABRIELLE 6.2 NAME NAME 252 COBLE DRIVE 6.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 64 CITY-ST-ZIP 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

SIGNATURE:

URE AND TYPE OR PRINTED RAME OF SIGNING OFFICER OF DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

casurer 4-26-96

(407) 78**6**555

CR2E037 (12/95)

## THE WEKIVA HUNT CLUB COMMUNITY ASSOCIATION, INC.

7.1	D	<u>X</u> ADD	
7.2 7.3	TIM H. ATKINS 107 COTTESMORE CIRCLE E		
7.4	LONGWOOD, FL		