

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N49313 (2)**

1. Corporation Name

**WEKIVA PARK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2180 W SR. 434  
SUITE 5000  
LONGWOOD FL 32779  
US****2180 W SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US**3. Date Incorporated or Qualified  
**06/10/1992**3a. Date of Last Report  
**05/01/1996**4. FEI Number  
**59-3159820**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES W. HART, JR.  
SENTRY MANAGEMENT, INC.  
2180 W SR 434, SUITE 5000  
LONGWOOD FL 32779**

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 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POTTS, KEN	
STREET ADDRESS	1616 BOULDER CREEK COURT	
CITY - ST - ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETRY, VERONICA M.	
STREET ADDRESS	2269 LEE RD., #101	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PITINO, RONALD	
STREET ADDRESS	317 MORNING CREEK CIRCLE	
CITY - ST - ZIP	APOPKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOMBERG, FORREST	
STREET ADDRESS	386 MORNING CREEK CIRCLE	
CITY - ST - ZIP	APOPKA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, BOBBIE	
STREET ADDRESS	302 MORNING CREEK CIRCLE	
CITY - ST - ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THILLET, CARLOS	
STREET ADDRESS	313 MORNING CREEK CIRCLE	
CITY - ST - ZIP	APOPKA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	CAMMARATA, ANGIE
2.4 CITY - ST - ZIP	220 MORNING CREEK CIR APOPKA FL 32712
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	NOLFF, JOE
5.4 CITY - ST - ZIP	1525 SMOKETREE CIR APOPKA FL 32712
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 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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97 407-660-2552

Date

Daytime Phone # 0014959

CP2E037 (9/96)