


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

|  |   |   |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **N23535** (0)  
1. Corporation Name  
**THE OAKS OF WEKIWA OWNERS ASSOCIATION, INC.**



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| Principal Place of Business<br><b>PO BOX 3026<br/>APOPKA FL 32703<br/>US</b> | Mailing Address<br><b>PO BOX 3026<br/>APOPKA FL 32703<br/>US</b> |
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| 3. Date Incorporated or Qualified<br><b>11/18/1987</b> |
| 4. FEI Number<br><b>59-3060940</b>                     |
| Applied For<br><input type="checkbox"/> Not Applicable |

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| 2. Principal Place of Business<br><b>21 PO Box 160115</b><br>Suite, Apt. #, etc.<br><b>22</b><br>City & State<br><b>23 Altamonte Springs</b><br>Zip<br><b>24 32716.0115</b> Country<br><b>25 USA</b> | 2a. Mailing Address<br><b>26 PO Box 160115</b><br>Suite, Apt. #, etc.<br><b>27</b><br>City & State<br><b>28 Altamonte Springs</b><br>Zip<br><b>29 32716.0115</b> Country<br><b>30 USA</b> |
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| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent<br><b>RICHARDSON, JOSEPH<br/>993 PIEDMONT OAKS DR<br/>APOPKA FL 32703</b> |
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| 10. Name and Address of New Registered Agent<br><b>81 Name<br/>Zellers, Steve<br/>82 Street Address (P.O. Box Number is Not Acceptable)<br/>987 Piedmont Oaks Dr.<br/>83<br/>84 City<br/>Apopka FL 85 Zip Code<br/>32703</b> |
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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 Steve B. Zellers (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                     |  | <input type="checkbox"/> DELETE            |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>ZELLERS, STEVE<br/>987 PIEDMONT OAKS DRIVE<br/>APOPKA FL</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>CALIO, HELEN<br/>1081 PIEDMONT OAKS DR<br/>APOPKA FL</b>     | <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>EDMAN, VINCE<br/>1061 PIEDMONT OAKS DR.<br/>APOPKA FL</b>    | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>NAGARYA, RUTH<br/>985 PIEDMONT OAKS DR.<br/>APOPKA FL</b>    | <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>CARMACK, INA<br/>992 PIEDMONT OAKS DR.<br/>APOPKA FL</b>     | <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> DELETE            |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|--|---|--|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |   |  |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>SD<br/>Calio, Chuck<br/>1081 Piedmont Oaks Dr<br/>Apopka, FL 32703</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <b>TD<br/>Heighton, Doug<br/>2150 Wekiwa Oaks Dr<br/>Apopka, FL 32703</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <b>D<br/>LaFata, Robert<br/>1080 Piedmont Oaks Dr<br/>Apopka, FL 32703</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <b>D<br/>Lavalley, Kevin<br/>1054 Piedmont Oaks Dr<br/>Apopka, FL 32703</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Steve B. Zellers Steve Zellers 4/29/98 407-774-1254

CR2E037 (10/97)