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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001401

1. Corporation Name

WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

151 SOUTHALL LN. STE. 230
MAITLAND FL 32751-7190

Mailing Address

151 SOUTHALL LN. STE. 230
MAITLAND FL 32751-7190



2. Principal Place of Business

21 1416 Concord St. East

2a. Mailing Address

26 PO Box 531010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip

24 32803

Country

25 US

Zip

29 32853-1010

Country

30 US

3. Date Incorporated or Qualified

03/13/1997

4. FEI Number

59-3342204

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

9. Name and Address of Current Registered Agent

~~CENTEX REAL ESTATE CORPORATION~~
~~151 SOUTHALL LN. STE. 230~~
~~MAITLAND FL 32751-7190~~

10. Name and Address of New Registered Agent

81 Name

82 The Melrose Mgmt. Group
83 1416 Concord St. East

84 City

Orlando

FL

85 Zip Code

32803

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

TITLE ☐ DELETE

NAME DP
LEPERA, GREG
STREET ADDRESS 151 SOUTHALL LN. STE. 230
CITY-ST-ZIP MAITLAND FL 32751-7190

TITLE ☐ DELETE

NAME DV
KANE, MIKE
STREET ADDRESS 151 SOUTHALL LN. STE. 230
CITY-ST-ZIP MAITLAND FL 32751-7190

TITLE ☐ DELETE

NAME DT
KAISER, DAN
STREET ADDRESS 151 SOUTHALL LN. STE. 230
CITY-ST-ZIP MAITLAND FL 32751-7190

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Lepera, Greg
1.3 STREET ADDRESS 385 Douglas Avenue, Ste 2000
1.4 CITY-ST-ZIP Altamonte Springs, FL 32714

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Kane, Mike
2.3 STREET ADDRESS 385 Douglas Avenue, Ste 2000
2.4 CITY-ST-ZIP Altamonte Springs, FL 32714

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Kaiser, Dan
3.3 STREET ADDRESS 385 Douglas Avenue, Ste 2000
3.4 CITY-ST-ZIP Altamonte Springs, FL 32714

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE OF KAISE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

228-4181

Date

Daytime Phone #

CR2E037 (11/98)