

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000002217****1. Entity Name**
WEKIVA CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1416 CONCORD ST EAST	PO BOX 531010
ORLANDO FL 32803	ORLANDO FL 328531010

2. Principal Place of Business	3. Mailing Address
1416 CONCORD ST EAST	PO BOX 531010
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
ORLANDO FL	ORLANDO FL	59-3657503	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
32803 US	328031010 US	<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE MELROSE CORPORATION 1416 CONCORD ST EAST ORLANDO FL 32803	Name THE MELROSE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1416 CONCORD ST EAST City ORLANDO FL Zip Code 32803

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE JACK B. HANSON	04/30/2001
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	<small>DATE</small>

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kirstin Stapleton	D	04/30/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)