

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90084 030 \*\*\*\*61.25

**DOCUMENT # 729387**

1. Entity Name

THE WEKIVA HUNT CLUB COMMUNITY  
ASSOCIATION, INC.



Principal Place of Business

239 HUNT CLUB BLVD.  
SUITE 101  
LONGWOOD FL 32779  
US

Mailing Address

239 HUNT CLUB BLVD  
STE 101  
LONGWOOD FL 32779  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1531241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, ROBERT LOCKE  
850 CONCOURSE PARKWAY SOUTH  
STE 105  
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP  
P  
NESS, CHARLES  
201 CHURCHILL DRIVE  
LONGWOOD FL 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DF  
MATHIS, DAVE  
200 CHURCHILL DR  
LONGWOOD FL 32779

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP  
T  
FURO, DIANE  
113 WHEATLAND CT  
LONGWOOD FL 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VP  
OLSEN, TRACY  
320 CAMBRIDGE BR  
LONGWOOD FL 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP  
S  
BARKER, DAVE  
390 HAYER LAKE CIR  
APOPKA FL 32712

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
HADDEN, ART  
108 BEAUFORT DR  
LONGWOOD FL 32779

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
NANCY WEIMER  
308 WICKHAMCA.  
LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
Kim WILLIAMS  
185 HAVILAND POINT  
LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP  
T  
MADDEN, ART  
108 Beaufort Dr.  
LONGWOOD, FL 32779

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Charles R. Ness Pres.*

3-28-07 407-T4-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #