

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90040 003 ****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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E037 (10/07)	
City & State Zip Country		City & State Zip Country		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 TAYLOR, ROBERT LOCKE 850 CONCOURSE PARKWAY SOUTH STE 105 MAITLAND FL 32751	
7. Name and Address of New Registered Agent 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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating).)	
FILE NOW FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NESS, CHARLES 201 CHURCHILL DRIVE LONGWOOD FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DF MATHIS, DAVE 200 CHURCHILL DR LONGWOOD FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, KIM 185 HAVILLAND POINT LONGWOOD FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLSEN, TRACY 320 CAMBRIDGE BR LONGWOOD FL 32779	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARR, BARBARA 321 HUNTERS POINT COURT LONGWOOD, FL 32779 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARKER, DAVE 390 HAVER LAKE CIR APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOANNE HASAPES 210 N. CASTLEFORD CT. LONGWOOD, FL 32779 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MADDEN, ART 108 BEAUFORT DR LONGWOOD FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MADDEN, ART 108 BEAUFORT DR LONGWOOD, FL 32779 ☒ Change ☐ Addition	
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: <u>Charles Ness</u> <i>Charles P. Ness</i> 1/30/08 407-774-64					