

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90366 025 ****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**

10012000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **T** ☐ Delete
NAME **NESS, CHARLES**
STREET ADDRESS **201 CHURCHILL DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Change ☒ Addition
NAME **MADDEN, ARTHUR**
STREET ADDRESS **108 BEAUFORT DRIVE**
CITY-ST-ZIP **LONGWOOD, FL. 32779**

TITLE **S** ☒ Delete
NAME **MARINI, GRACE**
STREET ADDRESS **225 PHEASANT RUN CT**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Change ☒ Addition
NAME **NESBIT, CLAUDIA**
STREET ADDRESS **211 CAMBRIDGE DRIVE**
CITY-ST-ZIP **LONGWOOD, FL. 32779**

TITLE **V** ☐ Delete
NAME **SACHER, THOMAS**
STREET ADDRESS **109 COLYER DR**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☒ Change ☐ Addition
NAME **SACHER, THOMAS**
STREET ADDRESS **109 COLYER DRIVE**
CITY-ST-ZIP **LONGWOOD, FL. 32779**

TITLE **D** ☐ Delete
NAME **OLSEN, TRACY**
STREET ADDRESS **122 COTTESMORE CIR EAST**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VP** ☒ Change ☐ Addition
NAME **OLSEN, TRACY**
STREET ADDRESS **122 COTTESMORE CIR EAST**
CITY-ST-ZIP **LONGWOOD, FL. 32779**

TITLE **P** ☐ Delete
NAME **DAMIANI, LUI**
STREET ADDRESS **225 PHEASANT RUN CT**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FLORA, JOHN**
STREET ADDRESS **179 HAVILLAND PT**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **S** ☒ Change ☐ Addition
NAME **FLORA, JOHN**
STREET ADDRESS **179 HAVILLAND PT**
CITY-ST-ZIP **LONGWOOD, FL. 32779**

12. 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 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:

Signature Required

CHARLES NESS

407-774-6111

CR2E037 (10/02)