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

FILED
Feb 28, 2003 8:00 am
Secretary of State
02-17-2003 90216 043 ****61.25

DOCUMENT # N96000006570

1. Entity Name
WEKIVA CHASE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~453 MARK TWAIN BLVD~~ ~~ORLANDO FL 32828~~ ~~US~~	~~C/O PENN FIRST MGMT. INC.~~ ~~453 MARK TWAIN BLVD~~ ~~ORLANDO FL 32828~~ ~~US~~

2. Principal Place of Business	3. Mailing Address
PENN FIRST MANAGEMENT INC 1813 N. DEAN RD ORLANDO FL 32817	PENN FIRST MANAGEMENT INC 1813 N. DEAN RD ORLANDO FL 32817

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3425295 ☐ 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
~~SHEELER, LAWRENCE M~~ ~~C/O PENN FIRST MGMT, INC.~~ ~~453 MARK TWAIN BLVD~~ ~~ORLANDO FL 32828~~	Nr PENN FIRST St MANAGEMENT INC 1813 N. DEAN RD Ci ORLANDO FL 32817 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] President Lawrence M. Sheeler 2/24/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DOMBROWSKI, JIM 1656 STEFAN COLE LANE APOPKA FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Dooley. Steve 1770 Stefan Cole Lane Orlando FL 32703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HOWELLS, TINA 1583 STEFAN COLE LANE APOPKA FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BYRD, LLOYD ALAN 1536 STEFON COLE LN APOPKA FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 2/11/03 407-814-0158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #