

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90219 039 ****61.25

DOCUMENT # N10289

1. Entity Name

WEKIVA RESERVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2689256**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HART, JAMES M JR
2180 W SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

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

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	STEIN, CHARLOTTE	
STREET ADDRESS	2810 CORNERSTONE DR.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCNATT, AMANDA	
STREET ADDRESS	2578 LANCASTER CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOFEN, CAROL	
STREET ADDRESS	2942 CANDELA CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PITSKY, MARILYN	
STREET ADDRESS	2772 CANDEWOOD CT.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLADEN, DAVID	
STREET ADDRESS	2799 BOULDER FALLS	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bimson, Grace	
STREET ADDRESS	2726 Brandon Cir	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pitsky Marilyn	
STREET ADDRESS	2772 Candewood Ct	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Charlotte Stein* **Charlotten Stein** **4/18/03 (407) 616-6337**

CR2E037 (10/02)