

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

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90073 049 ****61.25

DOCUMENT # N23535

1. Entity Name

THE OAKS OF WEKIWA OWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 180115
32716-0115 SPRINGS FL 32703
US

Mailing Address

P.O. BOX 180115
ALTAMONTE SPRINGS FL 32716-0115
US

2. Principal Place of Business

2180 W SR 434

3. Mailing Address

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

Suite, Apt. #, etc.

STE 5000

City & State
LONGWOOD FL

City & State
LONGWOOD FL

Zip
32779

Country
USA

Zip
32779

Country
USA

4. FEI Number **59-3060940**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRIGGLE, WILLIAM
488 ESTHER LANE
ALTAMONTE SPRINGS FL 32716

7. Name and Address of New Registered Agent

Name **JAMES W HART JR**
Street Ad **SENTRY MANAGEMENT, INC**
2180 W SR 434 STE 5000
City **LONGWOOD FL 32779**
Zip Code **L**

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 except the obligations of registered agent.

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

(NOTE: Registered agent signature required when relinquishing)

8/6/03
DATE

FILE NOW FEELS \$5.25
After September 10, 2003, this will be \$25.25

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fee

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	FERLAND, CARL	☒ Delete
NAME		1013 PIEDMONT OAKS DR	
STREET ADDRESS		APOPKA FL 32703	
CITY-ST-ZIP			
TITLE	VP	CALIO, HELEN	☒ Delete
NAME		1081 PIEDMONT OAKS DR	
STREET ADDRESS		APOPKA FL 32703	
CITY-ST-ZIP			
TITLE	P	GUSLER, WILLIAM	☒ Delete
NAME		2101 WEKIWA OAKS DR	
STREET ADDRESS		APOPKA FL 32703	
CITY-ST-ZIP			
TITLE	T	DUHAIME, ROSS	☒ Delete
NAME		1088 PIEDMONT OAKS DRIVE	
STREET ADDRESS		APOPKA FL 32703	
CITY-ST-ZIP			
TITLE	S	FREIS, JERRY	☒ Delete
NAME		2109 WEKIWA OAKS DRIVE	
STREET ADDRESS		APOPKA FL 32703	
CITY-ST-ZIP			
TITLE	D	HEARD, POLLY	☒ Delete
NAME		1057 PIEDMONT OAKS DR	
STREET ADDRESS		APOPKA FL 32703	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.D	HEARD, POLLY	☐ Change ☒ Addition
NAME		2150 WEKIWA OAKS DRIVE	
STREET ADDRESS		APOPKA, FL 32703	
CITY-ST-ZIP			
TITLE	D	SWELL, RICHARD	☐ Change ☒ Addition
NAME		996 PIEDMONT OAKS DRIVE	
STREET ADDRESS		APOPKA 32703	
CITY-ST-ZIP			
TITLE	D	EDMAN, NIKENT	☐ Change ☒ Addition
NAME		1061 PIEDMONT OAK DRIVE	
STREET ADDRESS		APOPKA, FL 32703	
CITY-ST-ZIP			
TITLE	D	FERLAND, CARL	☐ Change ☒ Addition
NAME		1013 PIEDMONT OAKS DR.	
STREET ADDRESS		APOPKA, FL 32703	
CITY-ST-ZIP			
TITLE	VP	BLAKE, JEFF	☐ Change ☒ Addition
NAME		2161 WEKIWA OAKS DRIVE	
STREET ADDRESS		APOPKA, FL 32703	
CITY-ST-ZIP			
TITLE	P.D	CALIO, HELEN	☐ Change ☒ Addition
NAME		1081 PIEDMONT OAKS DRIVE	
STREET ADDRESS		APOPKA, FL 32703	
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:

SIGNATURE REQUIRED

 7-31-03

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)