

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729387

**Entity Name:** THE WEKIVA HUNT CLUB COMMUNITY ASSOCIATION,INC.

**Current Principal Place of Business:**

197 N. HUNT CLUB BLVD.  
LONGWOOD, FL 32779

**Current Mailing Address:**

197 N. HUNT CLUB BLVD.  
LONGWOOD, FL 32779 US

**FEI Number: 59-1531241**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LAW OFFICES OF JOHN L DI MASI, P.A.  
801 N ORANGE AVENUE, SUITE 500  
ORLANDO, FL 32801 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            ALEXANDER, STEPHEN  
Address        108 LEDBURY DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            NESS, CHARLES  
Address        201 CHURCHILL DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR, TREASURER  
Name            KRIEGER, THOMAS DR.  
Address        104 COTTESMORE CIRCLE  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR, SECRETARY  
Name            STANKO, ANN  
Address        308 BLYTH COURT  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR, VP  
Name            GLEASON, LADONNA  
Address        351 COBLE DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            DUNFEE, RONALD  
Address        234 DUNCAN TRAIL  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            BRANNIGAN, ERIN JAMES  
Address        212 RAMSBURY COURT  
City-State-Zip: LONGWOOD FL 32779

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHEN ALEXANDER**

**PRESIDENT**

**03/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date