5.9-97 B-68809 -C

FILE NOW: FILING FEE IS $61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749897 (5)

1. Corporation Name

WEKIVA FAIRWAY TOWNHOMES CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
2180 W. STATE RD. 434 SUITE 5000 LONGWOOD FL 32779	2180 W. STATE RD. 434 SUITE 5000 LONGWOOD FL 32779-5044

3. Date Incorporated or Qualified: **11/27/1979**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-1972363** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HART, JR. J W.
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	SICA, THERESA		1.2 NAME	GALE, RUTH	
STREET ADDRESS	1995 ST ANDREWS PL		1.3 STREET ADDRESS	1882 ST ANDREWS PL	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	LONGWOOD FL	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	REECE, BARBARA		2.2 NAME	REECE, BARBARA	
STREET ADDRESS	1968 ST. ANDREWS PLACE		2.3 STREET ADDRESS	1968 ST ANDREWS PL	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BRENNAN, ED		3.2 NAME	BRENNAN, ED	
STREET ADDRESS	1946 ST. ANDREWS PLACE		3.3 STREET ADDRESS	157 DURHAM PL	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	LONGWOOD FL	
TITLE	VD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	VANDEWATER, ROBERT		4.2 NAME	BELL, JIM	
STREET ADDRESS	1866 ST ANDREWS PL		4.3 STREET ADDRESS	1913 ST ANDREWS PL	
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	LESSARD, ED		5.2 NAME	LESSARD, ED	
STREET ADDRESS	1868 ST. ANDREWS PLACE		5.3 STREET ADDRESS	1868 ST ANDREWS PL	
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP	LONGWOOD FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/9/97