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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

11/27/1979

4. FEI Number

59-1972363

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **GALE, RUTH**
STREET ADDRESS **1882 ST ANDREWS PL**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☒ DELETE

NAME **REECE, BARBARA**
STREET ADDRESS **1968 ST. ANDREWS PLACE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **VD** ☐ DELETE

NAME **BRENNAN, ED**
STREET ADDRESS **1946 ST. ANDREWS PLACE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **TD** ☒ DELETE

NAME **BELL, JIM**
STREET ADDRESS **1913 ST ANDREWS PL**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **PD** ☐ DELETE

NAME **LESSARD, ED**
STREET ADDRESS **1868 ST. ANDREWS PLACE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **ROTELLA, ALEX**
2.3 STREET ADDRESS **1906 ST ANDREWS PL**
2.4 CITY-ST-ZIP **LONGWOOD FL 32779**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **SD** ☐ Change ☒ Addition

4.2 NAME **SMALLDONE, JOHN**
4.3 STREET ADDRESS **1955 ST ANDREWS PL**
4.4 CITY-ST-ZIP **LONGWOOD FL 32779**

5.1 TITLE **TD** ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Ruth H. Gale

RUTH GALE

2/28/98 407-869-1613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone #

CR2E037 (10/97)