2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90118 029 ****61.25

DOCUMENT # 749897

1. Entity Name

WEKIVA FAIRWAY TOWNHOMES CONDOMINIUM ASSOCIATION

Principal Place of Business	Mailing Address
238 NORTH WESTMONTE DRIVE SUITE 260 ALTAMONTE SPRINGS FL 32714 US	POST OFFICE BOX 161606 ALTAMONTE SPRINGS FL 32716-1606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
225 S. Westmonte Dr.	
Suite, Apt. #, etc.: Suite 2050	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State
Zip: 32714 Country: USA	Zip Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOMACK, ELLEN R. 238 N. WESTMONTE DRIVE SUITE 260 ALTAMONTE SPRINGS FL 32714	Name: Ellen R. Womack Street Address (P.O. Box Number is Not Acceptable): 225 S. Westmonte Drive Suite 2050 City: Altamonte Springs **FL** Zip Code: 32714

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.

SIGNATURE: Ellen R. Womack — 4/6/00
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ VP DUNFEE, NANCY 1953 ST. ANDREWS PL. LONGWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SID~~ KRAFT, FRANK 103 ROCKINGHAM COURT LONGWOOD FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ BRENNAN, ED 1946 ST. ANDREWS PLACE LONGWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TALBOT, JOSEPH 1995 ST. ANDRES PL. LONGWOOD FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP P Tracy Sylvester 1886 St. Andrews Place Longwood, FL 32779	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSEN, ROSE MARY 1922 ST. ANDREWS LONGWOOD FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP S/T Dennis Chastain 1982 St Andrews Place Longwood, FL 32779	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Nancy A. Dunfee NANCY A. DUNFEE — 4/14/00 — 407-682-1068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #