FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -3 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753140 (3)

1. Corporation Name

WEKIVA COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
237 HUNT CLUB BLVD STE 201 LONGWOOD FL 32779 US	237 HUNT CLUB BLVD STE 201 LONGWOOD FL 32779 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1980
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2022466 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

VINCENT, PATRICIA L
237 HUNT CLUB BLVD
STE 201
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☑ Change ☐ Addition
NAME	DURAN, JOHN	12 NAME	BOB BORG	
STREET ADDRESS	386 NEW WATERFORD PL.	13 STREET ADDRESS	207 WEYMOUTH HARBOR COVE	
CITY-ST-ZIP	LONGWOOD FL 32779	14 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	VP	21 TITLE	VP	☑ Change ☐ Addition
NAME	TUPPER, FRED	22 NAME	PAUL KUTCHAI	
STREET ADDRESS	329 WEKIVA COVE RD.	23 STREET ADDRESS	292 TORPOINT GATE, LONGWOOD 32779	
CITY-ST-ZIP	LONGWOOD FL 32779	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	T	☑ Change ☐ Addition
NAME	BORG, ROBERT	32 NAME	JOHN DURAN	
STREET ADDRESS	207 WEYMOUTH HARBOUR COVE	33 STREET ADDRESS	386 NEW WATERFORD PLACE	
CITY-ST-ZIP	LONGWOOD FL 32779	34 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	41 TITLE	S	☑ Change ☐ Addition
NAME	KUTCHAI, PAUL	42 NAME	LINDA STANLEY	
STREET ADDRESS	292 TORPOINT GATE	43 STREET ADDRESS	283 TORPOINT GATE, LONGWOOD, 32779	
CITY-ST-ZIP	LONGWOOD FL 32779	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	STACY, MIKE	52 NAME	ROD LITCHFIELD	
STREET ADDRESS	521 WEKIVA COVE RD.	53 STREET ADDRESS	267 TORPOINT GATE, LONGWOOD, 32779	
CITY-ST-ZIP	LONGWOOD FL 32779	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☑ Change ☐ Addition
NAME	INDA, FREDA	62 NAME	SUSAN OLVEY	
STREET ADDRESS	298 NEW WATERFORD PL.	63 STREET ADDRESS	267 NEW WATERFORD PL. LONGWOOD, 32779	
CITY-ST-ZIP	LONGWOOD FL 32779	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert Borg Robert Borg 2-8-95 (407)-869-4986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003306