FILE NOW: FILING FEE IS $61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 06/26/1980
3a. Date of Last Report: 03/03/1995

2. Principal Place of Business
21 2180 WEST SR 434
22 Suite, Apt. #, etc. 5000
23 City & State: LONGWOOD FL
24 Zip: 32779 25 Country: USA

2a. Mailing Address
26 2180 WEST SR 434
27 Suite, Apt. #, etc. 5000
28 City & State: LONGWOOD FL
29 Zip: 32779 30 Country: USA

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

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

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: JAMES W HART JR
82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC
83: 2180 WEST SR 434 SUITE 5000
84 City: LONGWOOD FL 85 Zip Code: 32779

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 _____ 4/26/96 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	P	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BORG, BOB		1.2 NAME	PAUL KUTCHAI	
STREET ADDRESS	207 WEYMOUTH HARBOR COVE		1.3 STREET ADDRESS	292 TORPOINT GATE	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	LONGWOOD, FL	
TITLE	VP	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	KUTCHAI, PAUL		2.2 NAME	BOB BORG	
STREET ADDRESS	292 TORPOINT GATE		2.3 STREET ADDRESS	207 WEYMOUTH HARBOUR COVE	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	LONGWOOD, FL	
TITLE	T	☐ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	DURAN, JOHN		3.2 NAME	RANDY ARNOLD	
STREET ADDRESS	386 NEW WATERFORD PLACE		3.3 STREET ADDRESS	498 WEKIVA COVE ROAD	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	LONGWOOD, FL	
TITLE	S	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	STANLEY, LINDA		4.2 NAME	SUSAN OLVEY	
STREET ADDRESS	283 TORPOINT GATE		4.3 STREET ADDRESS	267 NEW WATERFORD PLACE	
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP	LONGWOOD, FL	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LITCHFIELD, ROD		5.2 NAME		
STREET ADDRESS	267 TORPOINT GATE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	OLVEY, SUSAN		6.2 NAME	MARK HANSEN	
STREET ADDRESS	267 NEW WATERFORD PL		6.3 STREET ADDRESS	259 NEW WATERFORD PLACE	
CITY-ST-ZIP	LONGWOOD FL		6.4 CITY-ST-ZIP	LONGWOOD, FL	

CR2E037 (12/95)

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: Paul Kutchai 4/23/96 788-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

75340

WEKIVA COVE HOMEOWNERS ASSOCIATIONS, INC.

7.1	D	X	CHANGE
7.2	JOHN DURAN		
7.3	386 NEW WATERFORD PLACE		
7.4	LONGWOOD, FL		