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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 # **753140** **(3)**

1. Corporation Name

WEKIVA COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US	2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US

3. Date Incorporated or Qualified: 06/26/1980
3a. Date of Last Report: 05/14/1996

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

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

HART JR., JAMES W.
SENTRY MANAGEMENT INC
2180 WEST SR 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	PD	☐ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	KUTCHAI, PAUL		1.2 NAME	ARNOLD, RANDY	
STREET ADDRESS	292 TROPOINT GATE		1.3 STREET ADDRESS	498 WEKIVA COVE RD	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	LONGWOOD FL	
TITLE	VPD	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BORG, BOB		2.2 NAME	DURAN, JOHN	
STREET ADDRESS	207 WEYMOUTH HARBOUR COVE		2.3 STREET ADDRESS	386 NEW WATERFORD PL	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	LONGWOOD FL	
TITLE	T	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DURAN, JOHN		3.2 NAME	HANSEN, MARK	
STREET ADDRESS	386 NEW WATERFORD PLACE		3.3 STREET ADDRESS	259 NEW WATERFORD PL	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OLVEY, SUSAN		4.2 NAME		
STREET ADDRESS	267 NEW WATERFORD PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME	OLVEY, SUSAN		6.2 NAME		
STREET ADDRESS	267 NEW WATERFORD PL		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		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: _____ 4/1/97