

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **753140** (3)
1. Corporation Name
WEKIVA COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 282 TROPPOINT GATE LONGWOOD FL US		Mailing Address 282 TROPPOINT GATE LONGWOOD FL US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/26/1980	4. FEI Number 59-2022466
21 505 Wekiva Springs Rd	26 505 Wekiva Springs Rd	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22 Suite 500	27 Suite 500	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23 Longwood, FL	28 Longwood, FL	7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
24 32779	25 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

3. Date Incorporated or Qualified 06/26/1980	
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. 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

**REGENCY PROFESSIONAL MANAGEMENT, INC.
407 WEKIVA SPRINGS ROAD
SUITE 213
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
505 Wekiva Springs Rd
83 Suite 500
84 City
Longwood
85 Zip Code
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KUTCHAI, PAUL	
STREET ADDRESS	292 TROPPOINT GATE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	☒ DELETE
NAME	ARNOLD, RANDY	
STREET ADDRESS	498 WEKIVA COVE RD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	T	☐ DELETE
NAME	DURAN, JOHN	
STREET ADDRESS	386 NEW WATERFORD PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	☒ DELETE
NAME	OLVEY, SUSAN	
STREET ADDRESS	267 NEW WATERFORD PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	☐ DELETE
NAME	LITCHFIELD, ROD	
STREET ADDRESS	287 TORPOINT GATE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	☒ DELETE
NAME	DURAN, JOHN	
STREET ADDRESS	386 NEW WATERFORD PL	
CITY-ST-ZIP	LONGWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	Borg, Bob
2.3 STREET ADDRESS	207 Waymouth Harbour Cove
2.4 CITY-ST-ZIP	Longwood, FL. 32779
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Duran, John
3.3 STREET ADDRESS	386 new Waterford Place
3.4 CITY-ST-ZIP	Longwood, FL. 32779
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	Hagman, Linda
4.3 STREET ADDRESS	248 New Waterford Place
4.4 CITY-ST-ZIP	Longwood, FL. 32779
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	Hanson, Mark
5.3 STREET ADDRESS	259 New Waterford Place
5.4 CITY-ST-ZIP	Longwood, FL. 32779
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	Williams, John
6.3 STREET ADDRESS	368 New Waterford Place
6.4 CITY-ST-ZIP	Longwood, FL. 32779

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: *Paul Kutchai* 1/14/98

CR2E037 (1097)