FILE NOW: FILING FEE IS $61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90067 027 ****61.25

0015022

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753140

1. Corporation Name
WEKIVA COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
505 WEKIVA SPRINGS RD SUITE 505 LONGWOOD FL 32779 US	505 WEKIVA SPRINGS RD SUITE 500 LONGWOOD FL 32779 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/26/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2022466 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 ROAD

83
SUITE 500

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	VD	☐ Change ☒ Addition
NAME	KUTCHAI, PAUL		1.2 NAME	SMITH, JERRY	
STREET ADDRESS	292 TROPOINT GATE		1.3 STREET ADDRESS	132 Margate Mews	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	Longwood, Fl 32779	
TITLE	TD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	BORG, BOGB		2.2 NAME	BORG, BOB	
STREET ADDRESS	207 WAYMOUTH HARBOUR COVE		2.3 STREET ADDRESS	207 Waymouth Harbour Cove	
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 CITY-ST-ZIP	Longwood, Fl 32779	
TITLE	D	☐ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	DURAN, JOHN		3.2 NAME	BOGGS, MIKE	
STREET ADDRESS	386 NEW WATER FORD PL		3.3 STREET ADDRESS	220 Milford Haven Cove	
CITY-ST-ZIP	LONGWOOD FL 32779		3.4 CITY-ST-ZIP	Longwood, Fl 32779	
TITLE	SD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	HAGMAN, LINDA		4.2 NAME	REULE,FRED	
STREET ADDRESS	248 NEW WATERFORD PL		4.3 STREET ADDRESS	205 Chichester Cove	
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CITY-ST-ZIP	Longwood, Fl 32779	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HANSON, MARK		5.2 NAME	CADWELL, WENDY	
STREET ADDRESS	259 NEW WATERFORD PL		5.3 STREET ADDRESS	214 Waymouth Harbour Cove	
CITY-ST-ZIP	LONGWOOD FL 32779		5.4 CITY-ST-ZIP	Longwood, Fl 32779	
TITLE	VPD	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	WILLIAMS, JOHN		6.2 NAME	ROY, RON	
STREET ADDRESS	368 NEW WATERFORD PL		6.3 STREET ADDRESS	109 Trafalgar Place	
CITY-ST-ZIP	LONGWOOD FL 32779		6.4 CITY-ST-ZIP	Longwood, Fl 32779	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Treasurer 1/13/99 407-786-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #