# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 26, 2001 8:00 am**
**Secretary of State**
01-26-2001 90101 020 ****61.25

DOCUMENT # 753140

1. Entity Name

WEKIVA COVE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 505 WEKIVA SPRINGS RD<br>SUITE 505<br>LONGWOOD FL 32779<br>US | 505 WEKIVA SPRINGS RD<br>SUITE 500<br>LONGWOOD FL 32779<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 407 Wekiva Springs Road | 407 Wekiva Springs Road |
| Suite, Apt. #, etc.: 205 | Suite, Apt. #, etc.: 205 |
| City & State: Longwood, Florida | City & State: Longwood, Florida |
| Zip: 32779 Country: USA | Zip: 32779 Country: USA |

4. FEI Number 59-2022466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| REGENCY PROFESSIONAL MANAGEMENT, INC.<br>505 WEKIVA SPGS RD<br>SUITE 500<br>LONGWOOD FL 32779 | Name: Regency Professional Management, Inc.<br>Street Address (P.O. Box Number is Not Acceptable): 407 Wekiva Springs Road<br>Suite 205<br>City: Longwood, FL Zip Code: 32779 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

X SIGNATURE _____ 1/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SMITH, JERRY<br>132 MARGATE MEWS<br>LONGWOOD FL 32779 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BORG, BOGB<br>207 WAYMOUTH HARBOUR COVE<br>LONGWOOD FL 32779 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President/Director<br>Ron Roy<br>109 Trafalgar Place<br>Longwood, FL 32779 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DURAN, JOHN<br>386 NEW WATER FORD PL<br>LONGWOOD FL 32779 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BOGGS, MIKE<br>220 MILFORD HAVEN COVE<br>LONGWOOD FL 32779 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>REULE, FRED<br>205 CHICHESTER COVE<br>LONGWOOD FL 32779 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CADWELL, WENDY<br>214 WAYMOUTH HARBOUR COVE<br>LONGWOOD FL 32779 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** X _____ President 1/10/01 407-786-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #