

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90022 008 ****61.25

DOCUMENT # 759536

1. Entity Name
WEKIVA GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 915501
LONGWOOD, FL 32791-5501**

Mailing Address
**P.O. BOX 915501
LONGWOOD, FL 32791-5501**

40040000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2089329

Applied For
Not Applied

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**TUCKER, LESLIE
128 W. YORK CT
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name **John Ewseychik**
Street Address (P.O. Box Numbers Not Acceptable)
210 ALBRIGHTON CT.

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. I am familiar with, and acknowledge the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **DONOVAN, TOM**
STREET ADDRESS **141 W. YORK CT.**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **VP** ☒ Delete
NAME **TUCKER, PAUL**
STREET ADDRESS **128 W YORK CT**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **T** ☒ Delete
NAME **TUCKER, LESLIE**
STREET ADDRESS **128 W YORK CT**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Ad
NAME **EWSEYCHIK, JOHN**
STREET ADDRESS **210 W. ALBRIGHTON CT.**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **VP** ☒ Change ☐ Ad
NAME **BOUCQUET, JEROME**
STREET ADDRESS **122 W. YORK CT.**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **S & T** ☒ Change ☐ Ad
NAME **CARTER, JOHN**
STREET ADDRESS **204 W. ALBRIGHTON CT.**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

4/5/06