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Apr 25 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 # 770016 (4)

1. Corporation Name

WEKIVA VILLAS COMMUNITY SERVICE ASSOCIATION, INC

Principal Place of Business

Mailing Address

P.O. BOX 1811
ORLANDO FL 32802

P.O. BOX 1811
ORLANDO FL 32802-1911



3. Date Incorporated or Qualified
08/29/1983

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 2170 SR 434 W

26 2170 SR 434 W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 384

27 Suite 384

City & State

City & State

23 Longwood FL

28 Longwood FL

Zip

Country

Zip

Country

24 32779

25 USA

29 32779

30 USA

4. FEI Number
59-2339481

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

10. Name and Address of New Registered Agent

MARTIN, ANTHONY-G
% VICTORIA EQUITIES REALTY & MANAGEMENT
942 N. HIGHLAND AVE-
ORLANDO FL 32803

81 Name

Marilyn C Campbell

82 Street Address (P.O. Box Number is Not Acceptable)

Re/Max Central Property Management

83

2170 SR 434 W, Suite 384

84 City

Longwood

FL

85 Zip Code
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

Marilyn Campbell

Agent

3/26/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DP
STREET ADDRESS LAUGHLIN, JEAN
CITY-ST-ZIP 346 GOLFSIDE COVE
LONGWOOD FL 32779

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD
STREET ADDRESS SARACINO, LINDA
CITY-ST-ZIP 3934 VILLAS GREEN CT
LONGWOOD FL 32779

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME SD
STREET ADDRESS SHERRILL, RUCCELL
CITY-ST-ZIP 3930 VILLAS GREEN CIRCLE
LONGWOOD FL 32779

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

17 CITY-ST-ZIP ☐ Change ☐ Addition

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

CR2E037 (9/96)