FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

WEKIVA VILLAS COMMUNITY SERVICE ASSOCIATION, INC

2. Principal Place of Business 2a. Malling Address 58.75 Add	
SUITE 384 SUITE 384 LONGWOOD FL 32779 LONGWOOD FL 32779 US 4. FEI Number Applie	H-1-1
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Fee Requi	
21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May	
27 Trust Fund Contribution Added to Fa	
City & State City & State 7, is this popprofit corporation a homeowners association?	
23	
Zip Country Zip Country 8. This corporation owes or has paid the current year Intange 24 25 29 30 Personal Property Tax due June 30. Yes \(\sigma\) Yes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	<u>'</u>
81 Name	
CAMPBELL, MARILYN C 82 Street Address (P.O. Box Number is Not Acceptable)	
REMAX CENTRAL PROPERTY MANAGEMENT	
2170 SR 434 W SUITE 384	
LONGWOOD FL 32779 B4 City FL 85 Zip Cox	,
	stered
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 respective 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 regards. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	itered
SIGNATURE	
Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE	
	40
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE DP DELETE 1.1 TITLE Change	12 Addition
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12. OFFICERS AND DIRECTORS TITLE DP	
12. OFFICERS AND DIRECTORS TITLE DP DELETE 1.1 TITLE NAME LAUGHLIN, JEAN STREET ADDRESS 346 GOLFSIDE COVE 1.3 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 TITLE VD DELETE 2.1 TITLE NAME SARACINO, LINDA 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 11. TITLE 12. NAME 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 14. CITY-ST-ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 17. Change C 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 19. ADDITIONS/CHANGES TO OFFICERS II 19	Addition
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Thereby 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.

FILED

Apr 28 1998 8:00am

Secretary of State

407/282-2600