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Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90042 002 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 770016

1. Corporation Name

WEKIVA VILLAS COMMUNITY SERVICE ASSOCIATION, INC

Principal Place of Business

**190 NORTH WESTMONTE DRIVE #100
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**190 NORTH WESTMONTE DRIVE #100
ALTAMONTE SPRINGS FL 32714
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

08/29/1983

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**

9. Name and Address of Current Registered Agent

**CAMPBELL, MARILYN C
RE/MAX-CENTRAL PROPERTY MANAGEMENT
2170 SR 434 W SUITE 384
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name

**190 N WESTMONTE DR STE 100
ALTAMONTE SPRINGS FL 32714**

84

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE **BB** ☐ DELETE
NAME **SHERILL, RUCCELL**
STREET ADDRESS **3930 VILLAS GREEN CIRCLE**
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☐ Change ☒ Addition
1.2 NAME **CARDILLO, ROBERT**
1.3 STREET ADDRESS **365 GOLFSIDE COVE**
1.4 CITY-ST-ZIP **LONGWOOD FL 32779**

2.1 TITLE **V/D** ☐ Change ☒ Addition
2.2 NAME **CARRICO, JUDITH**
2.3 STREET ADDRESS **362 GOLFSIDE COVE**
2.4 CITY-ST-ZIP **LONGWOOD FL 32779**

3.1 TITLE **S/T/D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

3/19/99

Date

Daytime Phone #

CR2E037 (11/98)