

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770016

1. Entity Name

WEKIVA VILLAS COMMUNITY SERVICE ASSOCIATION, INC

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90006 017 ****61.25

Principal Place of Business Mailing Address
190 NORTH WESTMONTE DRIVE #100 190 NORTH WESTMONTE DRIVE #100
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-3342
US US

2. Principal Place of Business 3. Mailing Address
668 N. Orlando Avenue 668 N. Orlando Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 105 Suite 105

City & State City & State
Maitland, FL Maitland, FL

Zip Country Zip Country
32751 USA 32751 USA

4. FEI Number 59-2339481 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CAMPBELL, MARILYN C
190 N. WESTMONTE DR STE 100
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
Name
Morbitzner, Margaret L.
Street Address (P.O. Box Number is Not Acceptable)
668 N. Orlando Avenue, Suite 105
City Maitland FL Zip Code 32751

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.

SIGNATURE *[Signature]* *[Signature]* 3-14-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CARDILLO, ROBERT	
STREET ADDRESS	365 GOLFSIDE COVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARRICO, JUDITH	
STREET ADDRESS	362 GOLFSIDE COVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHERILL, RUCCELL	
STREET ADDRESS	3930 VILLAS GREEN CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kreisler, Gary	
STREET ADDRESS	333 Golfside Cove	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swette, Jean	
STREET ADDRESS	346 Golfside Cove	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adkinson, Sandi	
STREET ADDRESS	353 Golfside Cove	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hittbrunner, Sharon	
STREET ADDRESS	3901 Villas Green Circle	
CITY-ST-ZIP	Longwood, FL 32779	

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: *[Signature]* SIGNATURE REQUIRED *[Signature]* 3/14/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)