2001 UNIFORM BUSINESS REPORT (UBR)								FILED	)		
DOCUMENT # N0000004139  1. Entity Name WEKIVA PRESERVE HOMEOWNER'S ASSOCIATION, INC.							Apr 27, 2001 08:00 AM Secretary of State				
Principal Place 237 WESTMON SUITE 111 ALTAMONTE: 32714 2. Principal Pl	ITE DRIVE	FL	Mailing Address 237 WESTMONTE DRIVE SUITE 111 ALTAMONTE SPRINGS 32714  3. Mailing Address		- FL						
Suite, Apt.	#, etc.		P.O. BOX 531010  Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	9	FL	City & State ORLANDO FL				4. FEI Number Applied For S9-3654715 Not Applied be				
Zip	1				untry	5. Certificat		of Status Desired		\$8.75 Add	itional
32803	6. Name	and Address of Current I	<u> </u>	US			7. Name and	Address of New Re	jistered /		
THE MELROSE CORPORATION					Name						
1416 CONCORD STREET EAST					Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO		F	L								
32803 US					City	City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered of SIGNATURE    JACK B. HANSON						ture required w	hen reinstating)	Make	04/27 DATE	/2001 Payable to	
10.		OFFICERS AND DIF	RECTORS	11.		Α	DDITIONS/CH	ANGES TO OFFICER	S AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MERY KATHERINE MONTE DRIVE #111 NTE SPRINGS	☐ Delete  FL 32714	1			JERI STMONTE DE ONTE SPRIN	IVE #111	FL	Change 32714	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ERIC K MONTE DRIVE #111 NTE SPRINGS	i i			D WILLS ERIC K 237 WESTMONTE DRIVE #111 ALTAMONTE SPRINGS			FL	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT 237 WEST	D Delete T BENNETT DANA A 237 WESTMONTE DRIVE #111				D BENNE 237 WE	X Change				∏ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABIANO	VIE STAIL (CS	☐ Delete	TITL NAM STRI	Ē	ADIAN				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					 ·		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY_ST_ZIP	•		☐ Delete							☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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: \_

JERI ANN HEATH

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04/27/2001

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