NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90328 031 ****61.25

DOCUMENT # N00000004139 ✓

1. Entity Name
WEKIVA PRESERVE HOMEOWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
165 West S.R. 434	PO Box 915322
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs FL	City & State: Longwood FL
Zip: 32708 Country: USA	Zip: 32791-5322 Country: USA

4. FEI Number 59-3654715 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: NATIONAL ASSOCIATION MANAGEMENT COMPANY
Street Address (P.O. Box Number is Not Acceptable): 165 West S.R. 434
City: Winter Springs FL Zip Code: 32708

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 _____ MARC A BLUM 2/13/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	D
NAME	Bennett, DANA A
STREET ADDRESS	237 Westmonte DR #111
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	WILLS, ERIC K
STREET ADDRESS	237 Westmonte DR #111
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	HEATH, JERI-ANN
STREET ADDRESS	237 Westmonte DR #111
CITY-ST-ZIP	Altamonte Springs, FL 32714
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 2/13/2002 407 327 5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #