2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90445 003 ****61.25

DOCUMENT # N00000004139

1. Entity Name

WEKIVA PRESERVE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
165 WEST SR 434 WINTER SPRINGS FL 32708 US	PO BOX 915322 LONGWOOD FL 32791-5322 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NATIONAL ASSOCIATION MANAGEMENT COMPANY 165 WEST SR 434 WINTER SPRINGS FL 32708	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Marc A Blum - Res. 2/27/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, DANA A 237 WESTMONTE DRIVE #111 ALTAMONTE SPRINGS FL 32714	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Richardson, Janet 401 Chinahill Ct APOPKA, FL 32712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLS, ERIC K 237 WESTMONTE DRIVE #111 ALTAMONTE SPRINGS FL 32714	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Newton, DON 410 Chinahill Ct APOPKA, FL 32712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEATH, JERI ANN 237 WESTMONTE DRIVE #111 ALTAMONTE SPRINGS FL 32714	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Crawford, PJ 909 Palm Oak Dr. APOPKA, FL 32712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Grumberg, Jim 434 Chinahill Ct APOPKA, FL 32712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nance, Whitney 443 Wekiva Preserve Dr. APOPKA, FL 32712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Janet Richardson SIGNATURE REQUIRED Janet Richardson 2/26/03 407-886-5371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR