

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90156 041 ****61.25

DOCUMENT # N01000002412

1. Entity Name

WEKIVA RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**738 RUGBY STREET
ORLANDO FL 32804**

Mailing Address

**738 RUGBY STREET
ORLANDO FL 32804**

2. Principal Place of Business
5695 BEGGS ROAD

3. Mailing Address
5695 BEGGS ROAD

Suite, Apt. #, etc.
SUITE B-100

Suite, Apt. #, etc.
SUITE B-100

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32810

Country
U.S.A.

Zip
32810

Country
U.S.A.

4. FEI Number **59-3749384**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROUHIER, CRAIG
738 RUGBY STREET
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name
SUTHERLAND, THERESA D.
Street Address (P.O. Box Number is Not Acceptable)
5695 BEGGS ROAD
SUITE B-100
City
ORLANDO **FL** Zip Code
32810

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

Theresa D. Sutherland **THERESA D. SUTHERLAND**

4/15/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUHIER, CRAIG F 738 RUGBY STREET ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERLIN, JOANNE 738 RUGBY STREET ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERLIN, W M 738 RUGBY STREET ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIMMEL, GUS 227 BRONZE LEAF COURT APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEIRES, DAVID 2013 GOLDEN IVY WAY APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRANT, DIANNE 219 COPPER OAK COURT APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Gus Fimmel **GUS FIMMEL**

4/18/03

407-296-0411

CR2E037 (10/02)