2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

04-04-2005 90063 048 ****61.25

DOCUMENT # N05774

1. Entity Name
WEKIVA HUNT CLUB CONDOMINIUM ASSOCIATION,



Principal Place of Business % ATTWOOD & PHILLIPS 1350 ORANGE AVE., SUITE 100 Mailing Address
% ATTWOOD & PHILLIPS
1350 ORANGE AVE., SUITE 100
WINTER PARK FI 32789

	1350 ORANGE AVE., SUITE 100 1350 ORANGE AVE., SUITE 100 WINTER PARK, FL 32789 US WINTER PARK, FL 32789 US					i Jerniel du Le	(6)	B181 3151 8131 815	:::	2101 Bi 120)	
2. Principal Place of Business 3. Mailing Address (<i>A</i> .	Geoup South						
Clo Presidential Cocop Clo Presidential Suite, Apr. #, etc.					1 30	刃れ 					
135 D. Mineview St. 135 W. Vinevie					٢,	03292005	Chg-NP	CR2E037 (1	
ALTAMONTE SPIFI ACTAMONTE SP				4. FEI Number 59-2474944				No	plied For t Applicable		
39714-2006 USA 39714-2006 USA				S A		5. Certificate of Status Desired Series Fee Required					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name of Address of New Registered Agent											
PHILLIPS, ROGER V 1350 ORANGE AVENUE , SUITE 100 WINTER PARK, FL 32789					Street Address (P.O. Bok Number is Not Acceptable)						
					Automonte Sp FL 39914-2006						
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 or registered agent.											
SIGNATURE Signature, typed or formula narro-enterpillered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE											
Filting Fee is \$61.25 9. Election Campaign Financing \$5.00 May Re Make check payable to											
Filting Fee is \$61.25 9. Election Campaign Figure by May 1, 2005 Trust Fund Contribution						\$5.00 May Be Added to Fees		ida Departme			
10.	OFFICERS AND DIF	RECTORS	11.		A	DDITIONS/CHAN	GES TO OFFICE	RS AND DIREC	TORS IN	10	
TITLE	PD KERN, WILLIAM	☐ Delete	TITLE NAME	I	TD)		×	Change	☐ Addition	
NAME Street address	159 DURHAM PL			ET ADDRESS	•						
CITY-ST-ZIP	LONGWOOD, FL 32779	CITY		-ST-ZIP							
TITLE	VD	☐ Delete	TITLE		PD	ı		X	Change	☐ Addition	
NAME	PREGNO, RICHARD			· '	, –			,	•		
STREET ADDRESS City-St-Zip	110 DURHAM PL LONGWOOD, FL 32779			et address - St-Zip						·	
TITLE	SD	Delete TITLE			VF	D		X	Change	☐ Addition ?	
NAME	PLATT, CINDY	2000		}	* 1			_			
STREET ADDRESS	111 DURHAM PL			ET ADDRESS							
CITY-ST-ZIP	LONGWOOD, FL 32779	$\overline{}$		-ST-ZIP					1 51		
TITLE NAME	D MURRAY, DOUG	Delete	TITLE	1	ָ ייייי	ge Be	chtel	L	Change	Addition	
STREET ADDRESS	163 DURHAM PL			ET ADDRESS	20 A	a Porsa	1.17				
CITY_ST-ZIP	LONGWOOD, FL 32779		CITY-	-ST-ZIP	रपु	7 corex	y Ci.				
TITLE	SD	Delete	TITLE		00	newood	1. 41.33	179 0	Change	☐ Addition	
NAME	DIORIO, MICHAEL		NAMI	I			•				
STREET ADDRESS CITY-ST-ZIP	173 DURHAM PL LONGWOOD, FL 32779			ET ADORESS - ST-71P							
TITLE	D	☐ Delete	TITLE		3 D			X	Change	☐ Addition	
NAME	MILLETT, JIM	L DOIGO	NAMI					-	\		
STREET ADDRESS	3983 LANCASHIRE LN			ET ADDRESS							
CITY-ST-ZIP	LONGWOOD, FL 32779		1	-ST-ZIP							
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 reversiver 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.											