## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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## Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # N05774** 04-24-2006 90463 006 \*\*\*\*61.25 WEKÍVA HUNT CLUB CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address C/O PRESIDENTIAL GROUP SOUTH C/O PRESIDENTIAL GROUP SOUTH 50015814 135 W PINEVIEW ST 135 W PINEVIEW ST ALTAMONTE SPRINGS, FL 32714-2006 US ALTAMONTE SPRINGS, FL 32714-2006 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 59-2474944 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GUADAGNINO, ANTHONY** 135 W PINEVIEW ST Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS, FL. 32714-2006 City 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 Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2006 Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE Delete TILLE Change ☐ Addition NAME KERN, WILLIAM NAME STREET ADDRESS 159 DURHAM PL STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP MLE Delete TITLE Chance ☐ Addition NAME PREGNO, RICHARD NAME 110 DURHAM PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CTTY-ST-ZIP VPD TILLE ☐ Delete me Change | ☐ Addition PLATT, CINDY MAME NAME STREET ADORESS 111 DURHAM PL STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-7IP IIII F ☐ Detete TITLE የበ Change ☐ Addition BECHTEL, GENE NAME NAME STREET ADDRESS 3929 COVERLY CT STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP TITLE SD Delete ☐ Channe Addition NAME MILLETT, JIM NAME STREET ADDRESS 3983 LANCASHIRE LN STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained to Chapter 119, 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 cath; 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. Detete TITLE Change Addition

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NTED NAME OF SIGNING OFFICER OR DIRECTOR

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