

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$306)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 AM 11:41

DOCUMENT # N23535

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1. Corporation Name

THE OAKS OF WEKIWA OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 3026
APOPKA FL 32703
US

PO BOX 3026
APOPKA FL 32703
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1987

3a. Date of Last Report

03/28/1994

4. FEI Number

59-3060940

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDSON, JOSEPH
993 PIEDMONT OAKS DR
APOPKA FL 32703

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RICHARDSON, JOSEPH
STREET ADDRESS 993 PIEDMONT OAKS DR
CITY - ST - ZIP APOPKA FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VP
NAME RYDER, DAVID
STREET ADDRESS 2140 WEKIWA OAKS DR
CITY - ST - ZIP APOPKA FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE S
NAME SHARP, ERIN
STREET ADDRESS 1088 PIEDMONT OAKS DRIVE
CITY - ST - ZIP APOPKA FL

31 TITLE SD
32 NAME CASANOVA, CHRISTINA
33 STREET ADDRESS 998 PIEDMONT OAKS DRIVE
34 CITY - ST - ZIP APOPKA FL 32703

☒ Change ☐ Addition

TITLE T
NAME AVERY, BRIAN
STREET ADDRESS 985 PIEDMONT OAKS DR
CITY - ST - ZIP APOPKA FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE AVP
NAME DONAHUE, SHAWN
STREET ADDRESS 1011 PIEDMONT OAKS DRIVE
CITY - ST - ZIP APOPKA FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BRIAN J AVERY

6-9-95

407-889-6156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #