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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N23535 (0)

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

2. Principal Place of Business	2a. Mailing Address
21 PO Box 160115	26 PO Box 160115
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Altamonte Springs	28 Altamonte Springs
24 Zip 32716.0115 25 Country USA	29 Zip 32716.0115 30 Country USA

3. Date Incorporated or Qualified: 11/18/1987

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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: Zellers, Steve 82 Street Address (P.O. Box Number is Not Acceptable): 987 Piedmont Oaks Dr. 83 84 City: Apopka FL 85 Zip Code: 32703

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: Steven B. Zellers
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZELLERS, STEVE 987 PIEDMONT OAKS DRIVE APOPKA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CALIO, HELEN 1081 PIEDMONT OAKS DR APOPKA FL	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Calio, Chuck 1081 Piedmont Oaks Dr Apopka, Fl. 32703	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EDMAN, VINCE 1061 PIEDMONT OAKS DR. APOPKA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NAGARYA, RUTH 985 PIEDMONT OAKS DR. APOPKA FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Heighton, Doug 2150 Wekiwa Oaks Dr Apopka, Fl. 32703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARMACK, INA 992 PIEDMONT OAKS DR. APOPKA FL	XX DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D LaFata, Robert 1080 Piedmont Oaks Dr Apopka, Fl. 32703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Lavalley, Kevin 1054 Piedmont Oaks Dr Apopka, Fl. 32703	☐ Change XX Addition

CR2E037 (10/97)

14. 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 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: Steven B. Zellers Steve Zellers 4/20/98 407-774-1074