

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90130 022 ****61.25

0013239

DOCUMENT # N23535

1. Corporation Name

THE OAKS OF WEKIWA OWNERS ASSOCIATION, INC.

Principal Place of Business
P.O. BOX 160115
32716-0115 SPRINGS FL 32703
USMailing Address
P.O. BOX 160115
ALTAMONTE SPRINGS FL 32716-0115
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/18/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3060940	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ZELLERS, STEVE
987 PIEDMONT OAKS DRIVE
APOPKA FL 32703

10. Name and Address of New Registered Agent

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 DELETE	1.1 TITLE	D DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLERS, STEVE	1.2 NAME	Zellers, Steve
STREET ADDRESS	987 PIEDMONT OAKS DRIVE	1.3 STREET ADDRESS	987 Piedmont Oaks Dr.
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALJO, CHUCK	2.2 NAME	
STREET ADDRESS	1081 PIEDMONT OAKS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMAN, VINCE	3.2 NAME	
STREET ADDRESS	1061 PIEDMONT OAKS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE	TD DELETE	4.1 TITLE	Pres. DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIGHTON, DOUG	4.2 NAME	Heighton, Doug
STREET ADDRESS	2150 WEKIWA OAKS DRIVE	4.3 STREET ADDRESS	2150 Wekiwa Oaks Dr.
CITY-ST-ZIP	APOPKA FL 3270	4.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFATA, ROBERT	5.2 NAME	
STREET ADDRESS	1080 PIEDMONT OAKS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	5.4 CITY-ST-ZIP	
TITLE	D DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVALLEY, KEVIN	6.2 NAME	Curran, Susan
STREET ADDRESS	1054 PIEDMONT OAKS DRIVE	6.3 STREET ADDRESS	1051 Piedmont Oaks Dr.
CITY-ST-ZIP	APOPKA FL 32703	6.4 CITY-ST-ZIP	Apopka; FL 32703

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)