

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23535

1. Entity Name

THE OAKS OF WEKIWA OWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 160115
32716-0115 SPRINGS FL 32703
US

Mailing Address

P.O. BOX 160115
ALTAMONTE SPRINGS FL 32716-0115
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3060940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZELLERS, STEVE
987 PIEDMONT OAKS DRIVE
APOPKA FL 32703

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ZELLERS, STEVE
STREET ADDRESS 987 PIEDMONT OAKS DRIVE
CITY-ST-ZIP APOPKA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32703

TITLE SD ☐ Delete
NAME CALIO, CHUCK
STREET ADDRESS 1081 PIEDMONT OAKS DR
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME EDMAN, VINCE
STREET ADDRESS 1061 PIEDMONT OAKS DR.
CITY-ST-ZIP APOPKA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32703

TITLE P ☐ Delete
NAME DOUG, HEIGHTON
STREET ADDRESS 2150 WEKIWA OAKS DRIVE
CITY-ST-ZIP APOPKA FL 3270

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32703

TITLE D ☐ Delete
NAME LAFATA, ROBERT
STREET ADDRESS 1080 PIEDMONT OAKS DRIVE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME CURRAN, SUSAN
STREET ADDRESS 1054 PIEDMONT OAKS DRIVE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Heard Polly
CITY-ST-ZIP 1057 Piedmont oaks ct.
Apopka, FL 32703

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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

407-774-1874

Daytime Phone #

CR2E037 (9/99)