

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90544 007 ****61.75

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

626794



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3060940

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZELLERS, STEVE
 987 PIEDMONT OAKS DRIVE
 APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

William B. Briggie

Street Address (P.O. Box Number is Acceptable)

498 Esther Lane

City

Altamonte Springs

FL

Zip Code

32716

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

William B. Briggie

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

(NOTE: Registered Agent signature required when reinstating)

2/19/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELLERS, STEVE 987 PIEDMONT OAKS DRIVE APOPKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALIO, CHUCK 1081 PIEDMONT OAKS DR APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDMAN, VINCE 1061 PIEDMONT OAKS DR. APOPKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUG, HEIGHTON 2150 WEKIWA OAKS DRIVE APOPKA FL 3270	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFATA, ROBERT 1080 PIEDMONT OAKS DRIVE APOPKA FL 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRAN, SUSAN 1054 PIEDMONT OAKS DRIVE APOPKA FL 32703	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carl Zerland 1013 Piedmont Oaks Dr. Apopka, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President William Guster 2101 Wekiwa Oaks Dr. Apopka, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ross Duhaime 1098 Piedmont Oaks Dr. Apopka, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Polly Heard 1057 Piedmont Oaks Dr. Apopka, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

2-19-01

407-774-1874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)