# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 13, 2003 8:00 am**
**Secretary of State**
08-13-2003 90073 049 ****61.25

DOCUMENT # N23535

1. Entity Name
THE OAKS OF WEKIWA OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 160115<br>32716-0115SPRINGS FL 32703<br>US | P.O. BOX 160115<br>ALTAMONTE SPRINGS FL 32716-0115<br>US |

[redacted]

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2180 W SR 434 | 2180 W SR 434 |
| Suite, Apt. #, etc.: STE 5000 | Suite, Apt. #, etc.: STE 5000 |
| City & State: LONGWOOD FL | City & State: LONGWOOD FL |
| Zip: 32779 Country: USA | Zip: 32779 Country: USA |

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

BRIGGLE, WILLIAM
496 ESTHER LANE
ALTAMONTE SPRINGS FL 32716

7. Name and Address of New Registered Agent

Name
Street Ad: JAMES W HART JR
SENTRY MANAGEMENT, INC
2180 W SR 434 STE 5000
City: LONGWOOD FL 32779
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 8/6/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILING NOW: FEE $61.25
After September 30, 2003, this will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FERLAND, CARL<br>1013 PIEDMONT OAKS DR<br>APOPKA FL 32703 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P.D<br>HEBERTO, CYNTHIA<br>2150 WEKIWA OAKS, DRIVE<br>APOPKA, FL 32703 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CALIO, HELEN<br>1081 PIEDMONT OAKS DR<br>APOPKA FL 32703 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SNELL, RICHARD<br>996 PIEDMONT OAKS DRIVE<br>APOPKA 32703 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GUSLER, WILLIAM<br>2101 WEKIWA OAKS DR<br>APOPKA FL 32703 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EDMAN, VINCENT<br>1061 PIEDMONT OAK DRIVE<br>APOPKA, FL 32703 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DUHAIME, ROSS<br>1098 PIEDMONT OAKS DRIVE<br>APOPKA FL 32703 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FERLAND, CARL<br>1013 PIEDMONT OAKS DR.<br>APOPKA, FL 32703 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>FREIS, JERRY<br>2109 WEKIWA OAKS DRIVE<br>APOPKA FL 32703 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BLAKE, JEFF<br>2161 WEKIWA OAKS DRIVE<br>APOPKA, FL 32703 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HEARD, POLLY<br>1057 PIEDMONT OAKS DR<br>APOPKA FL 32703 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T.D<br>CALIO, HELEN<br>1081 PIEDMONT OAKS DRIVE<br>APOPKA, FL 32703 | ☐ Change ☑ Addition |

CR2E037 (4/00)

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: Richard R. Snell SIGNATURE REQUIRED 7-31-03
SIGNATURE AND TYPED OR PRINTED NAME OF ENDING OFFICER OR DIRECTOR — Date — Daytime Phone #