

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-12-2000 90057 017 ***61.25

DOCUMENT # N97000001401

1. Entity Name

WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1416 CONCORD ST EAST
 ORLANDO FL 32803
 US

Mailing Address

P.O. BOX 531010
 ORLANDO FL 32853-1010
 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

59-3342204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THE MELROSE MGMT. GROUP
 1416 CONCORD ST EAST
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

The Melrose Corporation

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

1416 Concord Street East

Orlando

FL 32803

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

Jack B. Hanson

(NOTE: Registered Agent signature required when reinstating)

4-26-00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	LEPERA, GREG	
STREET ADDRESS	385 DOUGLAS AVENUE, STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KANE, MIKE	
STREET ADDRESS	385 DOUGLAS AVENUE, STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	KAISER, DAN	
STREET ADDRESS	385 DOUGLAS AVENUE, STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	R.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Berrios	
STREET ADDRESS	313 Walk View Court	
CITY-ST-ZIP	Apopka FL 32703	
TITLE	R.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen Sandberg	
STREET ADDRESS	2423 Wekiva Walk Way	
CITY-ST-ZIP	Apopka FL 32703	
TITLE	R.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Waldorf	
STREET ADDRESS	308 Walk View Crt.	
CITY-ST-ZIP	Apopka FL 32703	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Jones	
STREET ADDRESS	302 Walk View Crt.	
CITY-ST-ZIP	Apopka FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

407 671 0000

CR2E037 (9/99)