

2001 UNIFORM BUSINESS REPORT (UBR)

7/

FILED
Aug 13, 2001 8:00 am
Secretary of State

07-31-2001 90012 002 ****61.25

DOCUMENT # N97000001401

1. Entity Name

WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

~~1418 CONCORD ST EAST~~
~~ORLANDO FL 32803~~
~~US~~

Mailing Address

~~PO BOX 591010~~
~~ORLANDO FL 32859-1010~~
~~US~~

2. Principal Place of Business

313 WALK VIEW CT.

Suite, Apt. #, etc.

P.H.

3. Mailing Address

2548 WEKIVA WALK WAY

Suite, Apt. #, etc.

Box #12

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32703

Country

US

Zip

32703

Country

US

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~~
~~1418 CONCORD ST EAST~~
~~ORLANDO FL 32803~~

7. Name and Address of New Registered Agent

Name KENNETH C. BARRIOS

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

313 WALK VIEW CT.

City APOPKA

FL

Zip Code

32703

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

KENNETH C. BARRIOS, PRESIDENT x Kenneth C. Barrios 7/24/01

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
After September 12, 2001, min. will be \$236.25

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 | GP | <input checked="" type="checkbox"/> Delete |
| NAME | LERERA, 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 | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNETH C. BARRIOS D | |
| STREET ADDRESS | 313 WALK VIEW CT. | |
| CITY-ST-ZIP | APOPKA, FL. 32703 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALLEN D. SANDBERG D | |
| STREET ADDRESS | 2425 WEKIVA WALK WAY | |
| CITY-ST-ZIP | APOPKA, FL. 32703 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHARLES R. NUNCEY D | |
| STREET ADDRESS | 2337 WEKIVA WALK WAY | |
| CITY-ST-ZIP | APOPKA, FL. 32703 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIDNEY E. JONES D | |
| STREET ADDRESS | 302 WALK VIEW CT. | |
| 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 or without other like empowered.

SIGNATURE:

SIDNEY E. JONES, TREASURER 7/24/01 814-7611 (407)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)

Attachment Doc#



N97000001401
77455

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

August 1, 2001

WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.
2548 WEKIVA WALK WAY
BOX # 12
APOPKA, FL 32703 US

Subject: WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.

Reference Number: N97000001401

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/da
ANNUAL REPORTS SECTION

