

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2007  
Secretary of State**

DOCUMENT# 727252

Entity Name: WEKIVA VILLAS, INC.

**Current Principal Place of Business:**

98 TOMOKA TRAIL  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

98 TOMOKA TRAIL  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 59-1534601      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSOHN, ROBERT O  
213 TOMOKA TRAIL  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANDERSOHN, ROBERT O  
Address: 213 TOMOKA TRAIL  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: HOWARD, KAREN  
Address: 211 TOMOKA TRAIL  
City-St-Zip: LONGWOOD, FL 32779

Title: STD ( ) Delete  
Name: KING, SHANA G  
Address: 201 TOMOKA TRAIL  
City-St-Zip: LONGWOOD, FL 32779

Title: VD ( ) Delete  
Name: DUBROUILLET, CYNTHIA  
Address: 114 TOMOKA TRAIL  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: BOUTON, PAMELA D  
Address: 122 LEWIS STREET  
City-St-Zip: EDGEWATER, FL 32141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ROOT, ROBERT A  
Address: 206 TOMOKA TRAIL  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT O. ANDERSOHN

PD

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date