

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUL 22 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006325 1. Entity Name WEKIVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.	
---	---

Principal Place of Business 2180 W. SR 434 STE 5000 LONGWOOD, FL 32779-5044	Mailing Address 2180 W. SR 434 STE 5000 LONGWOOD, FL 32779-5044
--	--

2. Principal Place of Business 2582 S. MAGUIRE RD.	3. Mailing Address 2582 S. MAGUIRE RD.
Suite, Apt. #, etc. # 318	Suite, Apt. #, etc. # 318

City & State OCOOK, FL	City & State OCOOK, FL
Zip 34761	Zip 34761



04112004	Chg-NP	CR2E037 (10/03)
4. FEI Number 59-3707561	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779	7. Name and Address of New Registered Agent Name SPENCER A. SOLOMON Street Address (P.O. Box Number is Not Acceptable) 113 DESIRE AVAORA ST City WINTER GARDEN FL Zip 34787
--	---

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: *Spencer A. Solomon* **SPENCER A. SOLOMON** DATE: **5/14/04**

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	PD NAPLEN, STAN 2170 WEKIVA VILLAGE LN. LONGWOOD, FL 32703	TITLE	<input type="checkbox"/> Delete 40003952989 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/26/04--01058--004 **61.25
TITLE	SD FELTON, BETTY 2251 WEKIVA VILLAGE LN. APOPKA, FL 32703	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD BODINE, JIM 2228 WEKIVA VILLAGE LN. APOPKA, FL 32703	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD STITES, DAN 2182 WEKIVA VILLAGE LN. APOPKA, FL 32703	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GARNER, VICKI 2194 WEKIVA VILLAGE LN APOPKA, FL 32703	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input 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]* **5/19/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #