


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90546 026 ****61.25

DOCUMENT # N00000006325

1. Entity Name
WEKIVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**2582 SOUTH MAGUIRE ROAD
 SUITE 318
 OCOEE, FL 34761**

Mailing Address
**2582 SOUTH MAGUIRE ROAD
 SUITE 318
 OCOEE, FL 34761**

44014875



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01082005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-3707561

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**SOLOMON, SPENCER R
 113 DESIREE AURORA STREET
 WINTER GARDEN, FL 34787**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 *[Signature]* DATE **4/27/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAPLEN, STAN 2170 WEKIVA VILLAGE LN. LONGWOOD, FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELTON, BETTY 2251 WEKIVA VILLAGE LN. APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BODINE, JIM 2228 WEKIVA VILLAGE LN. APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STITES, DAN 2182 WEKIVA VILLAGE LN. APOPKA, FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, VICKI 2194 WEKIVA VILLAGE LN APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DON WHITMIRE 2195 WEKIVA VILLAGE LN APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRAN SANDERS 2228 WEKIVA VILLAGE LN APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHARON MARCY 2275 WEKIVA VILLAGE LN APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *STAN NAPLEN* DATE: **4/27/05** DAYTIME PHONE #: **407-656-1061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR