


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90023 041 ****61.25

DOCUMENT # N0000006325 1. Entity Name WEKIVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business %PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON ST. SUITE 103 ORLANDO FL 32804	Mailing Address %PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON ST. SUITE 103 ORLANDO FL 32804		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

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: <i>Mary Horne</i> Street: City: PREMIER COMMUNITY MANAGERS INC 5151 ADANSON ST SUITE 103 ORLANDO, FL 32804 Zip Code:
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8. The above named entity submits this statement for the purpose of changing its registered office and the obligations of registered agent. I am familiar with, and accept

SIGNATURE: *Mary Horne* DATE: *3-8-07*

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: BODINE, JAMES STREET ADDRESS: 2228 WEKIVA VILLAGE LN. CITY-ST-ZIP: APOPKA FL 32703	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: TD NAME: CHRISTIE, DORIS STREET ADDRESS: 2280 WEKIVA VILLAGE LN. CITY-ST-ZIP: APOPKA FL 32703	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VPD NAME: WEIGHTMAN, JANICE STREET ADDRESS: 2248 WEKIVA VILLAGE LN CITY-ST-ZIP: APOPKA FL 32703	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: MARCY, SHARON STREET ADDRESS: 2275 WEKIVA VILLAGE LANE CITY-ST-ZIP: APOPKA FL 32703	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: <i>Charles Gabriel</i> STREET ADDRESS: <i>2183 Wekiva Village Lane</i> CITY-ST-ZIP: <i>Apopka, FL 32703</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: SANDERS, FRAN STREET ADDRESS: 2239 WEKIVA VILLAGE LANE CITY-ST-ZIP: APOPKA FL 32703	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Vern White* DATE: *March 11, 2007 (707) 889-7137*