

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006325

FILED
Mar 10, 2011
Secretary of State

Entity Name: WEKIVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

%PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON ST. SUITE 103
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

%PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON ST. SUITE 103
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3707561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSE, GARY
PREMIER COMMUNITY MANAGERS, INC
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804 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: P
Name: ABRAHAMS, WILLIAM H
Address: 2267 WEKIVA VILLAGE LANE
City-St-Zip: APOPKA, FL 32703

Title: VP
Name: MCNAULL, MICHAEL E
Address: 2227 WEKIVA VILLAGE LANE
City-St-Zip: APOPKA, FL 32703

Title: T
Name: DYER, SHEILA
Address: 2283 WEKIVA VILLAGE LN
City-St-Zip: APOPKA, FL 32703

Title: SD
Name: SANDERS, FRANCES M
Address: PO BOX 1447
City-St-Zip: APOPKA, FL 32704

Title: D
Name: MCCAMBRIDGE, HAROLD
Address: 2223 WEKIVA VILLAGE LN
City-St-Zip: APOPKA, FL 32703

Title: D
Name: CRAWFORD, JO ANNE
Address: 2236 WEKIVA VILLAGE LN
City-St-Zip: APPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM H ABRAHAMS

P

03/10/2011

Electronic Signature of Signing Officer or Director

_____ Date