2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001631

FILED Jun 07, 2004 Secretary of State

Entity Name: THE ESTATES AT WEKIVA PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

151 WYMORE ROAD, SUITE 4000 2180 WEST SR 434 ALTAMONTE SPRINGS, FL 32714

SUITE 5000

LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

151 WYMORE ROAD, SUITE 4000 2180 WEST SR 434

ALTAMONTE SPRINGS, FL 32714 SUITE 5000

LONGWOOD, FL 32779

FEI Number: 01-0641162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BEEMAN, WALTER D JR 1241 SEMORAN BLVD, STE 185 CASSELBERRY, FL 32707

HART, JAMES W JR. C/O SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000

LONGWOOD, FL 32779 US

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: JAMES W HART JR 06/07/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete COQUYT, FELICIA Name:

COQUYT, FELICIA Name: 1241 SEMORAN BLVD., SUITE 185 Address: 1241 SEMORAN BLVD STE 185 Address:

City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707

() Delete Title: Title: (X) Change () Addition

VALANTASIS, JOHN Name: Name: VALANTASIS, JOHN Address: 151 WYMORE ROAD, SUITE 4000 Address: 1241 SEMORAN BLVD STE 185

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete Title: PD () Change (X) Addition

Name: BEEMAN, WALTER JR Name: 1241 SEMORAN BLVD STE 165 Address: Address: City-St-Zip: City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WALTER BEEMAN JR PD 06/07/2004