2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000001631

FILED Aug 30, 2007 Secretary of State

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

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

5955 T. G. LEE BLVD SUITE 300 ORLANDO, FL 32822

New Mailing Address: Current Mailing Address:

5955 T.G. LEE BLVD SUITE 300 ORLANDO, FL 32822

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:

FURLOW, REBECCA AGENT 5955 T.G. LEE BLVD SUITE 300 ORLANDO, FL 32822 US

OFFICERS AND DIRECTORS:

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

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LOCASIO, MARYJO ROBERTSON, MICHELLE Name: Name: 101 SOUTHHALL LANE, SUITE 200 Address: 165 OSPREY HAMMOCK TRAIL Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: SANFORD, FL 32707

() Delete Title: Title: (X) Change () Addition VALANTASIS, JOHN Name: PAWLOWSKI, GLEN J Name:

Address: 101 SOUTHHALL LANE, SUITE 200 Address: 201 OSPREY HAMMOCK TRAIL

City-St-Zip: MAITLAND, FL 32751 City-St-Zip: SANFORD, FL 32707

Title: () Delete Title: SEC () Change (X) Addition WORKS, DONALD C III Name: Name:

166 OSPREY HAMMOCK TRAIL Address: Address: City-St-Zip: City-St-Zip: SANFORD, FL 32707

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

Name: Name: HELMS, GINA V Address: Address: 8607 BEAR HAVEN CT City-St-Zip: City-St-Zip: SANFORD, FL 32707

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

KWIATKOWSKI, HARRY Name: Name: 8633 SPIKERUSH CT Address: Address: SANFORD, FL 32707 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: REBECCA FURLOW RΑ 08/30/2007