

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001631

FILED
Apr 23, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

FURLOW, REBECCA AGENT
5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 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 () Delete
Name: ROBERTSON, MICHELLE
Address: 165 OSPREY HAMMOCK TRAIL
City-St-Zip: SANFORD, FL 32707

Title: VPT () Delete
Name: PAWLOWSKI, GLEN J
Address: 201 OSPREY HAMMOCK TRAIL
City-St-Zip: SANFORD, FL 32707

Title: SEC () Delete
Name: WORKS, DONALD C III
Address: 166 OSPREY HAMMOCK TRAIL
City-St-Zip: SANFORD, FL 32707

Title: DIR () Delete
Name: HELMS, GINA V
Address: 8607 BEAR HAVEN CT
City-St-Zip: SANFORD, FL 32707

Title: DIR () Delete
Name: KWIATKOWSKI, HARRY
Address: 8633 SPIKERUSH CT
City-St-Zip: SANFORD, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: BARFIELD, WILLIAM E
Address: 202 OSPREY HAMMOCK TRAIL
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date