
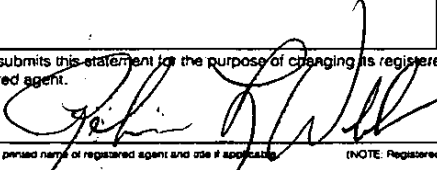



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

04-26-2006 90234 022 ****61.25

DOCUMENT # N02000005233			
1. Entity Name TRADITIONS AT WEKIVA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 165 W SR 434 WINTER SPRINGS, FL 32708		Mailing Address PO BOX 915322 LONGWOOD, FL 32791-5322	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIONAL ASSOCIATION MANAGEMENT COMPANY 165 W SR 434 WINTER SPRINGS, FL 32708		Name <u>Webb, Robin L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>901 N. Lake Destiny Dr</u> <u>Suite 110</u> City <u>Maitland</u> FL Zip Code <u>32751</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLEY, ERIKA	NAME	
STREET ADDRESS	138 WEKIVA POINTE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	VO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, KEN	NAME	Grimando, Salvatore
STREET ADDRESS	127 WEKIVA POINTE CIRCLE	STREET ADDRESS	57 Wekiva Pointe Circle
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	Apopka, FL 32712
TITLE	S <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADRIAN, EVERETT	NAME	Wasman, Tom
STREET ADDRESS	70 WEKIVA POINTE CIRCLE	STREET ADDRESS	88 Wekiva Pointe Circle
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	Apopka, FL 32712
TITLE	T <input type="checkbox"/> Delete	TITLE	
NAME	HALL, DEBORAH	NAME	
STREET ADDRESS	34 WEKIVA POINTE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	
NAME	GRIMANDO, SALVATORE	NAME	
STREET ADDRESS	57 WEKIVA POINTE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.			
SIGNATURE: 		Date <u>4/18/06</u> 407-620-0776	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66021287



04142006 Chg-NP CR2E037 (11/05)

4. FEI Number **06-1638744** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	WESLEY, ERIKA
STREET ADDRESS	138 WEKIVA POINTE CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	LOGAN, KEN
STREET ADDRESS	127 WEKIVA POINTE CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	S <input type="checkbox"/> Delete
NAME	ADRIAN, EVERETT
STREET ADDRESS	70 WEKIVA POINTE CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	T <input type="checkbox"/> Delete
NAME	HALL, DEBORAH
STREET ADDRESS	34 WEKIVA POINTE CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GRIMANDO, SALVATORE
STREET ADDRESS	57 WEKIVA POINTE CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grimando, Salvatore
STREET ADDRESS	57 Wekiva Pointe Circle
CITY-ST-ZIP	Apopka, FL 32712
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wasman, Tom
STREET ADDRESS	88 Wekiva Pointe Circle
CITY-ST-ZIP	Apopka, FL 32712
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SIGNATURE:  Erika Wesley Date 4/18/06 407-620-0776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #