


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90097 027 \*\*\*\*61.25

<b>DOCUMENT # N05000007049</b>	
1. Entity Name <b>WEKIVA RUN HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>GREYSTONE MANAGEMENT CO 1950 LEE ROAD, STE 212 WINTER PARK, FL 32789 US</b>	Mailing Address <b>GREYSTONE MANAGEMENT CO 1950 LEE ROAD, STE 212 WINTER PARK, FL 32789 US</b>
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2. Principal Place of Business - No P.O. Box # <b>Greystone Management Co.</b>	3. Mailing Address <b>Greystone Management Co.</b>
Suite, Apt. #, etc. <b>1936 Lee Road, Ste 250</b>	Suite, Apt. #, etc. <b>1936 Lee Road Ste 250</b>
City & State <b>Winter Park, FL</b>	City & State <b>Winter Park FL</b>
Zip <b>32789</b>	Country <b>US</b>

04242007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-2982044</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>GREYSTONE MANAGEMENT COMPANY, INC. 1950 LEE RD., SUITE 212-1936 Lee Road WINTER PARK, FL 32789</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

*James C. Cunningham*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DANA A 237 WESTMONTE DR., SUITE 111 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bennett, Dana A 300 Colonial Center Parkway Suite 200 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLS, ERIK K 237 WESTMONTE DR., SUITE 111 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wills, Erik K 300 Colonial Center Parkway Suite 200 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALHOUN, ANDON L 237 WESTMONTE DR., SUITE 111 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Calhoun, Andon L 300 Colonial Center Parkway Suite 200 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Andon Calhoun*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Andon Calhoun 4/24/07 402.535100