2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007049

FILED Mar 20, 2009 Secretary of State

Entity Name: WEKIVA RUN HOMEOWNERS ASSOCIATION, INC.

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

GREYSTONE MANAGMENT CO 1936 LEE RD. STE 250 WINTER PARK, FL 32789 US

Current Mailing Address: New Mailing Address:

GREYSTONE MANAGMENT CO 1936 LEE RD. STE 250 WINTER PARK, FL 32789 US

FEI Number: 20-2982044 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:

GREYSTONE MANAGEMENT COMPANY, INC.

ARMSTRONG, JANICE C

1950 LEE RD., SUITE 250 GREYSTONE MANAGEMENT COMPANY, INC WINTER PARK, FL 32789 US 1950 LEE RD., SUITE 250

NTER PARK, FL 32789 US 1950 LEE RD., SUITE 250 WINTER PARK, FL 32789 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: JANICE C. ARMSTRONG 03/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: LEWIS, JAY Name: THOMPSON, LEE R

Address: 300 COLONIAL CENTER PKWY, STE 200 Address: 300 COLONIAL CENTER PKWY, STE 200

City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete Title: () Change () Addition

 Name:
 MCCOOK, CECE
 Name:

 Address:
 300 COLONIAL CENTER PKWY, STE. 200
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:

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

Name: CAMPBELL, JUSTIN Name: CAMPBELL, JUSTIN

Address: 300 COLONIAL CENTER PKWY, STE. 200 Address: 300 COLONIAL CENTER PKWY, STE. 200

City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746

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: LEE R. THOMPSON PRES 03/20/2009