2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10289

FILED Mar 25, 2004 Secretary of State

Entity Name: WEKIVA RESERVE HOMEOWNERS' ASSOCIATION, INC.

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

2180 WEST SR 434 **SUITE 5000**

LONGWOOD, FL 327795044

New Mailing Address: Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 59-2689256 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:

HART, JAMES M JR HART, JAMES W JR 2180 W SR 434 2180 W SR 434 SUITE 5000 SUITE 5000

LONGWOOD, FL 327795044 LONGWOOD, FL 327795044

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.

City-St-Zip:

SIGNATURE: JAMES W HART JR 03/25/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

APOPKA, FL 32703

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

APOPKA, FL 32703

() Delete (X) Change () Addition

STEIN, CHARLOTTE MCNATT, AMANDA Name: Name: 2810 CORNERSTONE DR. Address: 2578 LANCASTER CT Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703

Title: () Delete Title: (X) Change () Addition PITSKY, MARILYN Name: STEIN, CHARLOTTE Name: Address: 2772 CANDLEWOOD CT. Address: 2810 CORNERSTONE CT

() Change () Addition

Title: () Delete Title: HOFEN, CAROL Name: Name: 2942 CANDELA CT Address: Address:

City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition

Name: PITSKY, MARILYN Name: BIMSON, GRACE 2772 CANDEWOOD CT. 2726 BRANDON CIR Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703

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

BIMSON, GRACE MUNDELL, SUSAN Name: Name: 2726 BRANDON CIR. 2662 LANCASTER CT Address: Address: APOPKA, FL 32703 City-St-Zip: City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AMANDA MCNATT PD 03/25/2004