


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90036 026 ****61.25

DOCUMENT # N99000003368	
1. Entity Name WEKIVA SPRINGS RESERVE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 411 CENTRAL PARK DR SANFORD, FL 32771	Mailing Address C/O MID-FLORIDA PROP MGMT 5025 S US HWY 17-92 CASSELBERRY, FL 32707
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2. Principal Place of Business P.O. Box 1009	3. Mailing Address P.O. Box 1009
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State APOPKA, FL	City & State APOPKA, FL
Zip 32704	Country USA
Country USA	Zip 32704

03292004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3580519	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent William C. Spare C/O Mid-Florida Prop Mgmt 5025 S US HWY 17-92 Casselberry, FL 32707
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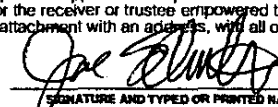
7. Name and Address of New Registered Agent Name RICHARD LARSEN Street Address (P.O. Box Number is Not Acceptable) 55 EAST PINE ST. ORLANDO, FL City FL Zip Code 32801
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Richard Larsen DATE 3/31/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD THOMAS, PRIOR P 411 CENTRAL PARK DR SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOWARD, SCOTT C 411 CENTRAL PARK DR SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENAWALT, TOM 411 CENTRAL PARK DR SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROUSCH, WILLIAM E 411 CENTRAL PARK DR SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEST, EVELYN 411 CENTRAL PARK DR SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JOE SCHULTE 501 WEKIVA BLUFF ST APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DONOVAN HINKLE 953 WELCH HILL CIR APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CHARLIE GOODWIN 1174 WELCH HILL CIR APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS MELANIE JORDY 1180 WELCH HILL CIR APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT. JACQUELYNE JONES 972 WELCH HILL CIR APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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 affidavit, with all other like empowered.	
SIGNATURE:  JOE SCHULTE	DATE 3/29/04 DAYTIME PHONE # 407-464-1010
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	