


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90085 020 ****61.25

DOCUMENT # N99000002217		
1. Entity Name WEKIVA CLUB HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 1600 W. COLONIAL DR. ORLANDO, FL 32804 US	Mailing Address PO BOX 531010 ORLANDO, FL 32853-1010 US	

20014401



PREMIER COMMUNITY MANAGERS INC
1255 BELLE AVE #167
WINTER SPRINGS, FL 32708

21312005 Chg-NP CR2E037 (10/03)

FEI Number **59-3657503** Applied For
Not Applicable

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

Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
M PREMIER COMMUNITY MANAGERS INC 1255 BELLE AVE #167 WINTER SPRINGS, FL 32708			
7. Name and Address of New Registered Agent			
Name GARY HOUSE S PREMIER COMMUNITY MANAGERS INC 1255 BELLE AVE #167 WINTER SPRINGS, FL 32708			
			Zip Code

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 *Gary House* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005 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 GRAVES, SANFORD SANDY 2513 WALNUT HEIGHTS RD. APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT. MISURALE, ANGELA 206 CHESTNUT CREEK DR. APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, JOHN 2361 WALNUT HEIGHTS RD. APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT. KENNON, HANS 225 CHESTNUT CREEK DR. APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUGGEMAN, MIKE 2551 WALNUT HEIGHTS RD. APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSI, MARILYN 2525 WALNUT HEIGHTS RD. APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, PAUL 2397 WALNUT HEIGHTS RD. APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" 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 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 address, with all other like empowered.

SIGNATURE: *Angela Misurale* 2/15/04 321-356-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #