

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90064 044 ****61.25

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1. Entity Name
WEKIVA CHASE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
~~PENN FIRST~~ BOYLE MANAGEMENT
478 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
498 PALM SPRINGS DRIVE STE 235
ALTAMONTE SPRINGS, FL 32701 US

40040657



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3425295

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOYLE, JAMES
498 PALM SPRINGS DRIVE STE 235
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

(Signature)
Signature, typed or printed name of registered agent and agent applicable.

(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

TITLE DP ☐ Delete
NAME DOMBROWSKI, JIM
STREET ADDRESS 1656 STEFAN COLE LANE
CITY-ST-ZIP APOPKA, FL 32703

TITLE DST ☐ Delete
NAME BYRD, LLOYD ALAN
STREET ADDRESS 1536 STEFON COLE LN
CITY-ST-ZIP APOPKA, FL 32703

TITLE DV ☐ Delete
NAME DOOLEY, STEVE
STREET ADDRESS 1770 STEFAN COLE LN.
CITY-ST-ZIP ORLANDO, FL 32703

TITLE D ☐ Delete
NAME FERNANDEZ, JERRY
STREET ADDRESS 1568 STEFAN COLE LN
CITY-ST-ZIP APOPKA, FL 32703

TITLE D ☐ Delete
NAME WAGNER, ROBERT
STREET ADDRESS 1639 STEFAN COLE LN
CITY-ST-ZIP APOPKA, FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Signature)
3/17/2005 207-649-8470