2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N97000001401

Entity Name: WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2548 WEKIVA WALK WAY
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

2548 WEKIVA WALK WAY
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3342204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDBERG, ALLEN
2425 WEKIVA WALK WAY
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: SANDBERG, ALLEN
Address: 2425 WEKIVA WALKWAY
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: NUNLEY, CHARLES R
Address: 2337 WEKIVA WALK WAY
City-St-Zip: APOPKA, FL 32703

Title: VPD ( ) Delete
Name: RUFF, DAVID
Address: 2449 WEKIUA WALK WAY
City-St-Zip: APOPKA, FL 32703

Title: PD ( ) Delete
Name: TURLEY, CARY
Address: 2342 WEKIUA WALK WAY
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: SCOTT, JOHNSTON
Address: 2318 WEKIVA WALK WAY
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SANDBERG, ALLEN
Address: 2425 WEKIVA WALKWAY
City-St-Zip: APOPKA, FL 32703

Title: SD (X) Change ( ) Addition
Name: BARRIOS, KAREN
Address: 313 WALK VIEW CT
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change ( ) Addition
Name: DIAZ, EDWIN
Address: 315 VIEW CT
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change ( ) Addition
Name: DALEY, NERISSA
Address: 2413 WEKIVA WALK WAY
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALLEN SANDBERG PD 04/26/2005

Electronic Signature of Signing Officer or Director — Date