

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006570

FILED
Apr 10, 2006
Secretary of State

Entity Name: WEKIVA CHASE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PENN FIRST/ BOYLE MANAGEMENT
478 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3425295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, JAMES
498 PALM SPRINGS DRIVE STE 235
ALTAMONTE SPRINGS, FL 32701 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: DP () Delete
Name: DOMBROWSKI, JIM
Address: 1656 STEFAN COLE LANE
City-St-Zip: APOPKA, FL 32703

Title: DST () Delete
Name: BYRD, LLOYD ALAN
Address: 1536 STEFON COLE LN
City-St-Zip: APOPKA, FL 32703

Title: DV () Delete
Name: DOOLEY, STEVE
Address: 1770 STEFAN COLE LN.
City-St-Zip: ORLANDO, FL 32703

Title: D () Delete
Name: FERNANDEZ, JERRY
Address: 1568 STEFAN COLE LN
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: WAGNER, ROBERT
Address: 1639 STEFAN COLE LN
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Chapter 119, 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: JIM DOMBROWSKI

DP

04/10/2006

Electronic Signature of Signing Officer or Director

Date