

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90150 030 ****61.25

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1. Entity Name

WEKIVA CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1255 BELLE AVE
#167
WINTER SPRINGS FL 32708
US

1255 BELLE AVE
#167
WINTER SPRINGS FL 32708
US

00040703



Premier Community Managers,

Premier Community Managers.

Inc.

Inc.

5151 Adanson Street, Suite 103
Orlando, Florida 32804

5151 Adanson Street, Suite 103
Orlando, Florida 32804

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3657503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUSE, GARY
5151 Adanson Street, Suite 103
Orlando, Florida 32804

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

~~Due By May 1, 2006~~

SEP 6, 2006

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 D ☐ Delete
NAME GRAVES, SANDY
STREET ADDRESS 2513 WALNUT HEIGHTS RD.
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☐ Change ☒ Addition
NAME PAUL COOK
STREET ADDRESS 2397 WALNUT HEIGHTS RD
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☒ Delete
NAME SANDERS, JOHN
STREET ADDRESS 2361 WALNUT HEIGHTS RD.
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☐ Change ☒ Addition
NAME PAUL HARRIS
STREET ADDRESS 2582 WALNUT HEIGHTS RD.
CITY-ST-ZIP APOPKA FL 32703

TITLE DP ☒ Delete
NAME BRUGGEMAN, MIKE
STREET ADDRESS 2551 WALNUT HEIGHTS RD
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☐ Change ☒ Addition
NAME SANFORD GRAVES
STREET ADDRESS 2513 WALNUT HEIGHTS RD
CITY-ST-ZIP APOPKA FL 32703

TITLE DT ☐ Delete
NAME MISURALE, ANGELA
STREET ADDRESS 206 CHESTNUT CREEK CR
CITY-ST-ZIP APOPKA FL 32703

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

TITLE DV ☐ Delete
NAME KENNON, HANS
STREET ADDRESS 225 CHESTNUT CREEK DR
CITY-ST-ZIP APOPKA FL 32703

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

TITLE D ☐ Delete
NAME ROSSI, MARILYN
STREET ADDRESS 2525 WALNUT HEIGHTS RD
CITY-ST-ZIP APOPKA FL 32703

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 exemptions contained in Section 119, 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