

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 OCT -5 PM 1:02

DOCUMENT # N97000001401 1. Entity Name WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O PREMIER COMMUNITY MANAGERS 5151 ADANSON ST STE 103 ORLANDO, FL 32804 US		Mailing Address C/O PREMIER COMMUNITY MANAGERS 5151 ADANSON ST STE 103 ORLANDO, FL 32804 US	
2. Principal Place of Business 190 N. Westmonte Dr. Suite, Apt. #, etc. Suite 100 City & State Altamonte Springs, FL Zip 32714 Country U.S.		3. Mailing Address 190 N. Westmonte Dr. Suite, Apt. #, etc. Suite 100 City & State Altamonte Springs, FL Zip 32714 Country U.S.	
4. FEI Number 59-3342204		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARY HOUSE C/O PREMIER COMMUNITY MANAGERS 5151 ADANSON ST STE 103 ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Marilyn Campbell Street Address (P.O. Box Number is Not Acceptable) C/O Central Property Management, Inc. 190 N. Westmonte Dr., Suite 100 City Altamonte Springs, FL Zip Code 32714	
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 <u>Marilyn Campbell</u> <u>MARILYN CAMPBELL</u> <u>9/8/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY - ST - ZIP	PD SANDBERG, ALLEN 2425 WEKIVA WALKWAY APOPKA, FL 32703 ☒ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Addition 900080499279 10/05/06--01042--007 **\$61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BARRIOS, KAREN 313 WALK VIEW CT APOPKA, FL 32703 ☐ Delete	PD Barrios, Karen 313 walk View Ct. Apopka, FL 32703 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIAZ, EDWIN 315 VIEW CT APOPKA, FL 32703 ☐ Delete	TD Diaz, Edwin 315 View Ct Apopka, FL 32703 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DALEY, NERISSA 2413 WEKIVA WALK WAY APOPKA, FL 32703 ☐ Delete	SD Daley, Nerissa 2413 wekiva walk way Apopka, FL 32703 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, JOHNSTON 2318 WEKIVA WALK WAY APOPKA, FL 32703 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u>Karen Barrios</u> <u>KAREN BARRIOS</u> <u>9-28-06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	