

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90070 046 ****61.25

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1. Entity Name

WEKIVA CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

PREMIER COMM. MGMRS, INC
5151 ADANSON STREET, STE 103
ORLANDO FL 32804
US

Mailing Address

PREMIER COMM. MGMRS, INC
5151 ADANSON STREET, STE 103
ORLANDO FL 32804
US



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

~~HOUSE, GARY
1255 BELLE AVE
167
WINTER SPRINGS FL 32708~~

7. Name and Address of New Registered Agent

Name **GARY HOUSE**
Street Address (P.O. Box Number is Not Acceptable) **PREMIER COMMUNITY MANAGERS, INC.
5151 Adanson Street Suite 103**
City **Orlando, Florida 32804**
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

Gary House
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 **D** ☒ Delete
NAME **GRAVES, SANDY**
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 **DV** ☐ Delete
NAME **KENNON, HANS**
STREET ADDRESS **225 CHESTNUT CREEK DR**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ~~DIRECTOR~~ CONDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Paul W. Harris**
STREET ADDRESS **2582 Walnut Heights Road**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **D-DIRECTOR** ☐ Change ☒ Addition
NAME **PAUL COOK**
STREET ADDRESS **2397 Walnut Heights Rd**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **S. SECRETARY** ☐ Change ☒ Addition
NAME **Suzanne Imhof Black**
STREET ADDRESS **2575 WALNUT HEIGHTS RD**
CITY-ST-ZIP **APOPKA, FL 32703**

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07
Date

321-356-8002
Daytime Phone #