

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90058 029 ****61.25

DOCUMENT # N04000003217					
1. Entity Name TOWNHOMES AT WEKIVA PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1802 N. ALAFAYA TRAIL ORLANDO, FL 32826			Mailing Address P.O. BOX 781291 ORLANDO, FL 32878		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2437863	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SURFACE, FRANK 1802 N. ALAFAYA TRAIL ORLANDO, FL 32826			Name <u>Community Resource Mgmt</u> Street Address (P.O. Box Number is Not Acceptable) <u>19 E. Central Blvd.</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32801</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, HELEN 1802 N. ALAFAYA TRAIL ORLANDO, FL 32826	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS VALANTASIS, JOHN 1802 N. ALAFAYA TRAIL ORLANDO, FL 32826	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JASON HODGES 1	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Jason Hodges PO Box 781291, Orlando, FL 32878	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. STEVEN MILES	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Steven Miles PO Box 781291, Orlando, FL 32878	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ADRIENNE FULLER	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Adrienne Fuller P.O. Box 781291, Orlando, FL 32878	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____			2/13/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		