

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90056 004 ****61.25

DOCUMENT # N97000001401					
1. Entity Name WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 190 N. WESTMONTE DRIVE SUITE 100 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address 190 N. WESTMONTE DRIVE SUITE 100 ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business - No P.O. Box # 860 North S.R. 434		3. Mailing Address 860 North S.R. 434		03192008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. Suite 1009		Suite, Apt. #, etc. Suite 1009		4. FEI Number 59-3342204	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 32714		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, MARILYN C/O CENTRAL PROPERTY MANAGMENT, INC. 190 N. WESTMONTE DRIVE, SUITE 100 ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name: Campbell, Marilyn Street Address (P.O. Box Number is Not Acceptable): 860 North S.R. 434 Suite 1009 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> DATE: <u>3/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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 PD NAME QUINONES, JEAN-PAUL STREET ADDRESS 2418 WEKIVA WALK CITY - ST - ZIP APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE TO NAME Quinones, Paul STREET ADDRESS 2418 Wekiva Walk CITY - ST - ZIP Apopka, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME BARRIOS, KAREN STREET ADDRESS 313 WALK VIEW CT CITY - ST - ZIP APOPKA, FL 32703	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME DALEY, NERISSA STREET ADDRESS 2413 WEKIVA WALK WAY CITY - ST - ZIP APOPKA, FL 32703	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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: <u>Karen Barrios</u> <u>KAREN BARRIOS</u> <u>4/10/08</u> <u>407-464-9110</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					