2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N99000001012

Entity Name: WEKIVA CROSSING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3560720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRACKIN, ANDREA L
882 JACKSON AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/TD ( ) Delete
Name: MACEJEWSKI, STACY
Address: 1603 WEKIVA CROSSING BLVD.
City-St-Zip: APOPKA, FL 32703

Title: S/D ( ) Delete
Name: GRUSSAUTE, JENNIFER
Address: 1512 WEKIVA CROSSING BLVD
City-St-Zip: APOPKA, FL 32703

Title: VP/D ( ) Delete
Name: FERNANDEZ, JOSEPHINA
Address: 1548 WEKIVA CROSSING BLVD.
City-St-Zip: APOPKA, FL 32703

Title: D (X) Delete
Name: KISH, AMY
Address: 1752 WEKIVA CROSSING BLVD.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY MACEJEWSKI P/TD 04/28/2008

Electronic Signature of Signing Officer or Director — Date