2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N04000003217

Entity Name: TOWNHOMES AT WEKIVA PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826

New Principal Place of Business:

19 E. CENTRAL BLVD
ORLANDO, FL 32801

Current Mailing Address:

P.O. BOX 781291
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 20-2437863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COMMUNITY RESOUCE MGMT
19 E CENTRAL BLVD
ORLANDO, FL 32801 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 ( ) Delete
Name: HODGES, JASON
Address: P.O. BOX 781291
City-St-Zip: ORLANDO, FL 32878

Title: VP ( ) Delete
Name: MILES, STEVEN
Address: P.O. BOX 781291
City-St-Zip: ORLANDO, FL 32878

Title: S ( ) Delete
Name: FULLER, ADRIENNE
Address: P.O. BOX 781291
City-St-Zip: ORLANDO, FL 32878

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: SCHNEIDER, ALYA
Address: P.O. BOX 781291
City-St-Zip: ORLANDO, FL 32878

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: JASON HODGES P 05/01/2009

Electronic Signature of Signing Officer or Director — Date