## 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000006325

Entity Name: WEKIVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 25, 2016
Secretary of State
CC6152189373

## **Current Principal Place of Business:**

761 CIARA CREEK COVE LONGWOOD, FL 32750

## **Current Mailing Address:**

761 CIARA CREEK COVE LONGWOOD, FL 32750 US

FEI Number: 59-3707561 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BONO AND ASSOCIATES 761 CIARA CREEK COVE LONGWOOD, FL 32750 US

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: MICHAEL L BONO 04/25/2016

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

NameBODINE, JAMESNameABRAHAMS, WILLIAMAddress761 CIARA CREEK COVEAddress761 CIARA CREEK COVE

City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

Title SECRETARY Title TREASURER
Name MAUER, LOIS Name NAKLEN, MAYA

Address 761 CIARA CREEK COVE Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

Title VP

Name CRAWFORD, JOANNE
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

SIGNATURE: JAMES BODINE

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/25/2016

Date