

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006325

**Entity Name:** WEKIVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 59-3707561**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SPECIALTY MANAGEMENT COMPANY  
1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714 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: BRETT M JORDAN**

**03/22/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name AMELLIN, PAULO  
Address 1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY  
Name HARRIS, LAUREN  
Address 1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT  
Name WOODWARD, CARRIE  
Address 1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TREASURER  
Name SCORSUNE, KAREN  
Address 1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name WIGGINS, KIMBERLY  
Address 1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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.*

**SIGNATURE: KAREN SCORSUNE**

**TREASURER**

**03/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date