

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006325

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

**Current Principal Place of Business:**

640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750

**Current Mailing Address:**

640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750 US

**FEI Number: 59-3707561**

**Certificate of Status Desired: No**

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

BONO AND ASSOCIATES  
640 E. STATE ROAD 434 SUITE 3000  
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**

**04/23/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name RICHARD, JEREMIAH  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY, TREASURER  
Name HARRIS, LAUREN  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT  
Name GAMBLE, JAMES  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name BARNHILL, AMBER  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name VENEY, VELDA  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

*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: JAMES GAMBLE**

**PRESIDENT**

**04/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date