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.

PRESIDENT

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: TRADITIONS AT WEKIVA HOMEOWNERS ASSOCIATION, INC.

SUITE 5000 LONGWOOD, FL 32779

## **Current Mailing Address:**

DOCUMENT# N0200005233

2180 WEST STATE RD 434 SUITE 5000 LONGWOOD, FL 32779

## FEI Number: 06-1638744

## Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST STATE RD434 SUITE 5000 LONGWOOD, FL 32779 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	: BRADLEY POMP			04/02/2017
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR	
Name	GRANT, RACHEL	Name	SIEMONEIT, CHRISTOPHER	
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
Title	TREASURER, DIRECTOR	Title	SECRETARY, DIRECTOR	
Name	WESLEY, ERIKA	Name	PAGE, DIANA	
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
Title	DIRECTOR			
Name	GRIMANDO, CAROL			
Address	2180 WEST SR 434 STE 5000			
City-State-Zip:	LONGWOOD FL 32779			

SIGNATURE: RACHEL GRANT

Electronic Signature of Signing Officer/Director Detail

## Certificate of Status Desired: No

FILED Apr 02, 2017 Secretary of State CC7882008862

> 04/02/2017 Date