

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N05000007049

**Entity Name:** WEKIVA RUN HOMEOWNERS ASSOCIATION, INC.

**FILED  
Jul 01, 2015  
Secretary of State  
CC6970611059**

**Current Principal Place of Business:**

C/O COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W. CR419 SUITE 1030  
OVIDO, FL 32766

**Current Mailing Address:**

C/O COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W. CR419 SUITE 1030  
OVIDO, FL 32766 US

**FEI Number: 20-2982044**

**Certificate of Status Desired: No**

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

COMMUNITY MANAGEMENT SPECIALISTS, INC.  
C/O COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W. CR419 SUITE 1030  
OVIDO, FL 32766 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: KEVIN M. DAVIS**

**07/01/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ASHFORD, DURRAND  
Address C/O COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W. CR419 SUITE 1030  
City-State-Zip: OVIDO FL 32766

Title S  
Name CUNNINGHAM, ZUZANA  
Address C/O COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W. CR419 SUITE 1030  
City-State-Zip: OVIDO FL 32766

Title T  
Name RICHARDSON, ALFRED  
Address C/O COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W. CR419 SUITE 1030  
City-State-Zip: OVIDO FL 32766

Title D  
Name BROWN-SMALL, SCHERALDA  
Address C/O COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W. CR419 SUITE 1030  
City-State-Zip: OVIDO FL 32766

Title D  
Name DRIEBERG, TREMAYNE  
Address C/O COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W. CR419 SUITE 1030  
City-State-Zip: OVIDO FL 32766

*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: ASHFORD , DURRAND**

**PRESIDENT**

**07/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date