

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002217

Entity Name: WEKIVA CLUB HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4407 VINELAND RD
STE D15
ORLANDO, FL 32811**Current Mailing Address:**12906 TAMPA OAKS BLVD
STE. 100
TEMPLE TERRACE, FL 33637 US**FEI Number:** 59-3657503**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOMERIVER GROUP
12906 TAMPA OAKS BLVD
STE. 100
TEMPLE TERRACE, FL 33637 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:** BRAD VAN ROOYEN

04/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MISURALE, ANGELA K
Address 4407 VINELAND RD
 STE D15
City-State-Zip: ORLANDO FL 32811

Title VPD
Name HOLDIMAN, ALAN
Address 4407 VINELAND RD
 STE D15
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR
Name NIEDFELT, JEREMY
Address 4407 VINELAND RD
 STE D15
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR
Name MCGEE, MEGHAN
Address 4407 VINELAND RD
 STE D15
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR
Name BRYANT, SHARON
Address 4407 VINELAND RD
 STE D15
City-State-Zip: ORLANDO FL 32811

Title SECRETARY
Name SYMMONDS, JILL
Address 4407 VINELAND RD
 STE D15
City-State-Zip: ORLANDO FL 32811

Title TREASURER
Name SADLER, KEVIN
Address 4407 VINELAND RD
 STE D15
City-State-Zip: ORLANDO FL 32811

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: ANGELA MISURALE

PRESIDENT

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date