2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727252

Entity Name: WEKIVA VILLAS, INC.

FILED Apr 11, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2180 WEST SR 434, SUITE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044 US

SUITE 5000

LONGWOOD, FL 327795044 US

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 2180 WEST SR 434

LONGWOOD, FL 327795044 US SUITE 5000

LONGWOOD, FL 327795044 US

FEI Number: 59-1534601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR HART, JAMES W JR 2180 WEST SR 434, STE. 5000 SENTRY MANAGEMENT INC LONGWOOD, FL 327795044 US 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 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: JAMES W HART JR 04/11/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ANDERSOHN, ROBERT O ANDERSOHN, ROBERT O Name: Name:

213 TOMOKA TRAIL Address: 213 TOMOKA TRAIL Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: () Delete Title: () Change () Addition

HOWARD, KAREN Name: Name: Address: 211 TOMOKA TRAIL Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip:

Title: STD () Delete Title: PD (X) Change () Addition

KING, SHANA G Name: KING, SHANA G Name: Address: 201 TOMOKA TRAIL Address: 201 TOMOKA TRAIL City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete Title: VPD (X) Change () Addition

Name: DUBROUILLET, CYNTHIA Name: DUBROUILLET, CYNTHIA Address: 114 TOMOKA TRAIL Address: 114 TOMOKA TRAIL City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: () Delete Title: () Change () Addition

ROOT, ROBERT A Name: Name: 206 TOMOKA TRAIL Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHANA KING PD 04/11/2008