

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727252

FILED
Apr 24, 2009
Secretary of State

Entity Name: WEKIVA VILLAS, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-1534601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: ANDERSON, ROBERT O
Address: 213 TOMOKA TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: HOWARD, KAREN
Address: 211 TOMOKA TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: PD () Delete
Name: KING, SHANA G
Address: 201 TOMOKA TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: VPD () Delete
Name: DUBROUILLET, CYNTHIA
Address: 114 TOMOKA TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: ROOT, ROBERT A
Address: 206 TOMOKA TRAIL
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

04/24/2009

Electronic Signature of Signing Officer or Director

Date