

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738145

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** WEKIVA RIVER ACRES PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

32301 OKALOOSA TR.  
SORENTO, FL 32776 US

**New Principal Place of Business:**

32221 WACASSA TR.  
SORENTO, FL 32776 US

**Current Mailing Address:**

32301 OKALOOSA TR.  
SORENTO, FL 32776 US

**New Mailing Address:**

32301 OKALOOSA TR.  
SORRENTTO, FL 32776 US

**FEI Number:** 59-2355538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALK, CHARLES L  
NATIONS BANK BLDG.  
150 SOUTH HWY. 17-92  
DEBARY, FL 32713 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: PD ( ) Delete  
Name: BATCHELOR, JOHN  
Address: 32014 HOLOPAW TR.  
City-St-Zip: SORRENTTO, FL 32776

Title: T ( ) Delete  
Name: NESBITT, CAROL  
Address: 32301 OKALOOSA TR.  
City-St-Zip: SORRENTTO, FL 32776

Title: VPD ( ) Delete  
Name: BALL, FRED  
Address: 32426 OKALOOSATR  
City-St-Zip: SORRENTTO, FL 32776

Title: ALT (X) Delete  
Name: NESBITT, JAMES  
Address: 32301 OKALOOSA TR  
City-St-Zip: SORRENTTO, FL 32776

Title: D ( ) Delete  
Name: EUSTACE, LINDA  
Address: 32444 WACASSA TRAIL  
City-St-Zip: SORRENTTO, FL 32776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: MCGILVRAY, JOANN  
Address: 32221 WACASSA TR  
City-St-Zip: SORRENTTO, FL 32776

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: JOANN MCGILVRAY

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date