2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Apr 10, 2008 **DOCUMENT# 738145** Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

32221 WACASSA TR. SORENTO, FL 32776 US

Current Mailing Address: New Mailing Address:

32301 OKALOOSA TR. 32221 WACASSA TR. SORRENTO, FL 32776 US SORENTO, 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: Name and Address of New Registered Agent:

CALK, CHARLES L MCGILVRAY, JOANN M NATIONS BANK BLDG 32221 WACÁSSA TR 150 SOUTH HWY. 17-92 SORRENTO, FL 32776 US DEBARY, FL 32713 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: JOANN M MCGILVRAY 04/10/2008

> Electronic Signature of Registered Agent Date

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

() Delete (X) Change () Addition

BATCHELOR, JOHN BALL, FRED Name: Name: 32014 HOLOPAW TR. Address: 32426 OKALOOSA TR Address: City-St-Zip: SORRENTO, FL 32776 City-St-Zip: SORRENTO, FL 32776

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

MCGILVRAY, JOANN Name: Name: Address: 32221 WACASSA TR Address: City-St-Zip: SORRENTO, FL 32776 City-St-Zip:

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

BALL, FRED Name: Name: 32426 OKALOOSATR Address: Address: City-St-Zip: SORRENTO, FL 32776 City-St-Zip:

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

Name: EUSTACE, LINDA Name: Address: 32444 WACASSA TRAIL Address: City-St-Zip: SORRENTO, FL 32776 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: FRED BALL PD 04/10/2008