

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738145

FILED  
Feb 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

32221 WACASSA TR.  
SORENTO, FL 32776 US

**New Principal Place of Business:**

**Current Mailing Address:**

32221 WACASSA TR.  
SORENTO, FL 32776 US

**New Mailing Address:**

**FEI Number:** 59-2355538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGILVRAY, JOANN M  
32221 WACASSA TR  
SORRENTO, FL 32776 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: BALL, FRED  
Address: 32426 OKALOOSA TR  
City-St-Zip: SORRENTO, FL 32776

Title: T ( ) Delete  
Name: MCGILVRAY, JOANN  
Address: 32221 WACASSA TR  
City-St-Zip: SORRENTO, FL 32776

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

**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:

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

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date