

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749897

FILED
Apr 15, 2004
Secretary of State

Entity Name: WEKIVA FAIRWAY TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

225 SOUTH WESTMONTE DRIVE
SUITE 2050
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 161606
ALTAMONTE SPRINGS, FL 328161606 US

New Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

FEI Number: 59-1972363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R.
225 SOUTH WESTMONTE DRIVE
SUITE 2050
ALTAMONTE SPRINGS, FL 32714 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: DS () Delete
Name: FISHER, JULIE
Address: 1908 ST ANDREWS PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: DT () Delete
Name: HANNA, GEORGE
Address: 1962 ST ANDREWS PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete
Name: BRENNAN, ED
Address: 1946 ST. ANDREWS PLACE
City-St-Zip: LONGWOOD, FL

Title: DP () Delete
Name: TALBOT, JOE
Address: 1995 ST ANDREWS PLACE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: PAWLACK, JEFF
Address: 1948 ST ANDREWS PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: STRAUSS, LEON
Address: 1964 ST ANDREWS PLACE
City-St-Zip: LONGWOOD, FL 32779

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 for the exemption stated in Section 119.07(3)(i), 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: JOE TALBOT

P

04/15/2004

Electronic Signature of Signing Officer or Director

Date