

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749897

FILED
Apr 28, 2008
Secretary of State

Entity Name: WEKIVA FAIRWAY TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

225 SOUTH WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

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 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WOMACK, ELLEN R
225 SOUTH WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R WOMACK

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: KRAFT, FRANK
Address: 103 ROCKINGHAM COURT
City-St-Zip: LONGWOOD, FL 32779

Title: DP () Delete
Name: STRAUSS, LEON
Address: 1964 ST ANDREWS PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: DT () Delete
Name: QUIGLEY, BRYAN J
Address: 1866 ST. ANDREWS PLACE
City-St-Zip: LONGWOOD, FL

Title: DS () Delete
Name: MACKENZIE, MISSY
Address: 1955 ST ANDREWS PLACE
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: DS (X) Change () Addition
Name: SMOAK, WILL
Address: 1908 ST ANDREWS PLACE
City-St-Zip: LONGWOOD, FL 32779

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: LEON STRAUS

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date