2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# 753140

Entity Name: WEKIVA COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 2050
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-2022466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
SUITE 2050
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WOMACK, ELLEN R
225 S. 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: _____ 04/11/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	WILLIAMS, PHYLLIS	
Address:	368 NEW WATERFORD PLACE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	PD	( ) Delete
Name:	BORG, ROBERT	
Address:	207 WAYMOUTH HARBOUR COVE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	V	( ) Delete
Name:	DURAN, JOHN	
Address:	386 NEW WATER FORD PL	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	( ) Delete
Name:	AMES, JERRY	
Address:	326 NEW WATERFORD PLACE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	T	( ) Delete
Name:	REULE, TED	
Address:	205 CHICESTER COVE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	CALDERWOOD, RUSS	
Address:	117 TRAFALGAR PLACE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	(X) Change ( ) Addition
Name:	DURAN, JOHN	
Address:	386 NEW WATER FORD PL	
City-St-Zip:	LONGWOOD, FL 32779	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	MATTER, SK	
Address:	271 TORPOINT GATE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	VP	( ) Change (X) Addition
Name:	KUTCHAI, PAUL	
Address:	292 TORPOINT GATE	
City-St-Zip:	LONGWOOD, FL 32779	

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: ELLEN WOMACK A 04/11/2005
Electronic Signature of Signing Officer or Director — Date