2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# 753140

Entity Name: WEKIVA COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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 3310
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: SD ( ) Delete
Name: WILLIAMS, PHYLLIS
Address: 368 NEW WATERFORD PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete
Name: CALDERWOOD, RUSS
Address: 117 TRAFALGAR PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) 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: MATTER, SK
Address: 271 TORPOINT GATE
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete
Name: KUTCHAI, PAUL
Address: 292 TORPOINT GATE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: KUTCHAI, PAUL
Address: 292 TORPOINT GATE
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GLAS, GAIL
Address: 275 NEW WATER FORD PL
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change ( ) Addition
Name: MATTER, SK
Address: 271 TORPOINT GATE
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change ( ) Addition
Name: LITCHFIELD, RODD
Address: 469 WEKIVA COVE RD.
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 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: ELLEN R. WOMACK A 04/06/2006

Electronic Signature of Signing Officer or Director — Date