

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757245

FILED
Apr 28, 2008
Secretary of State

Entity Name: WEKIVA GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPGS, 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: 59-2146954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 N WESTMONTE DR
SUITE 3310
ALTAMONTE SPGS, 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: DVP () Delete
Name: PRITCHARD, PAUL
Address: 956 BRENTWOOD DRIVE
City-St-Zip: APOPKA, FL 32712

Title: DT () Delete
Name: GIBSON, DAVID
Address: 1044 LAKESIDE DR
City-St-Zip: APOPKA, FL 32712

Title: DS () Delete
Name: CREMER, SHARRI
Address: 1057 LAKESIDE DR
City-St-Zip: APOPKA, FL 32712

Title: DP () Delete
Name: HARBIN, MARGO
Address: 1021 CAVERN DR
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: FERNEY, DICK
Address: 791 BROOK FOREST COURT
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FERNEY, DICK
Address: 791 BROOK FOREST CT
City-St-Zip: APOPKA, FL 32712

Title: DTS (X) Change () Addition
Name: GIBSON, DAVID
Address: 1044 LAKESIDE DR
City-St-Zip: APOPKA, FL 32712

Title: DV (X) Change () Addition
Name: RUSSO, STORM
Address: 1050 LAKESIDE DR
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change () Addition
Name: THOMAS, MARISIA
Address: 727 SPRING FOREST CT
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change () Addition
Name: GEIDE, KEVIN
Address: 1032 PINE SHADOW DR
City-St-Zip: APOPKA, FL 32712

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: DICK FERNEY

DP

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date