

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 21, 2009
Secretary of State

DOCUMENT# 757245

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 S 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:** DP () Delete
Name: RUSSO, STORM
Address: 1050 LAKESIDE DRIVE
City-St-Zip: APOPKA, FL 32712**Title:** DTS () Delete
Name: GIBSON, DAVID
Address: 1044 LAKESIDE DR
City-St-Zip: APOPKA, FL 32712**Title:** DV () Delete
Name: MESSIER, MATTHEW
Address: 773 BROOK FOREST CT
City-St-Zip: APOPKA, FL 32712**Title:** D () Delete
Name: THOMAS, MARISIA
Address: 727 SPRING FOREST CT
City-St-Zip: APOPKA, FL 32712**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: BIENIAS, TOM
Address: 761 BROOK FOREST COURT
City-St-Zip: APOPKA, FL 32712**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DST (X) Change () Addition
Name: THOMAS, MARISIA
Address: 727 SPRING FOREST CT
City-St-Zip: APOPKA, FL 32712**Title:** D () Change (X) Addition
Name: HARPER, ROB
Address: 1657 CEDAR GLEN DRIVE
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: STORM RUSSO

DP

05/21/2009

Electronic Signature of Signing Officer or Director

Date