

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759536

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** WEKIVA GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

201 ALBRIGHTON CT  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 915501  
LONGWOOD, FL 327795501

**New Mailing Address:**

P.O. BOX 915501  
LONGWOOD, FL 327915501

**FEI Number:** 59-2089329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EWSEYCHIK, JOHN  
210 ALBRIGHTON CT  
LONGWOOD, FL 32779 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: P ( ) Delete  
Name: EWSEYCHIK, JOHN  
Address: 210 W ALBRIGHTON CT  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete  
Name: BOUCQUET, JEROME  
Address: 122 W YORK CT  
City-St-Zip: LONGWOOD, FL 32779

Title: T ( ) Delete  
Name: CARTER, JOHN  
Address: 204 W ALBRIGHTON CT  
City-St-Zip: LONGWOOD, FL 32779

Title: S ( ) Delete  
Name: CLIFFORD, GREG  
Address: 116 W. WYNDHAM CT  
City-St-Zip: LONGWOOD, FL 32779

Title: B ( ) Delete  
Name: MISEK, ALAN  
Address: 115 W. YORK CT  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: BOCQUET, JEROME  
Address: 122 W YORK CT  
City-St-Zip: LONGWOOD, FL 32779

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

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

Title: B (X) Change ( ) Addition  
Name: TRETTER, STEVE  
Address: 213 ALBRIGHTON CT  
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: GREG CLIFFORD

S

04/28/2008

Electronic Signature of Signing Officer or Director

Date