
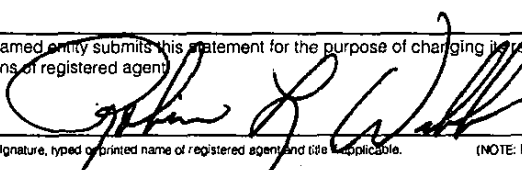
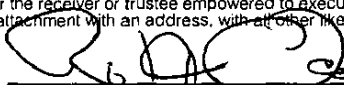


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90251 012 ****61.25

DOCUMENT # 770016 1. Entity Name WEKIVA VILLAS COMMUNITY SERVICE ASSOCIATION, INC					
Principal Place of Business 901 N. LAKE DESTINY DRIVE SUITE 110 MAITLAND, FL 32751 US			Mailing Address 901 N. LAKE DESTINY DRIVE SUITE 110 MAITLAND, FL 32751 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2339481	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, ROBIN L 901 N. LAKE DESTINY DRIVE MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  4/5/2005 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOTH, OSCAR		NAME		
STREET ADDRESS	316 SANDTRAP COVE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	D DIANA	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, DIANA		NAME		
STREET ADDRESS	333 GOLFSIDE COVE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERRILL, RUCCELL		NAME		
STREET ADDRESS	3930 VILLAS GREEN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARACINO, LINDA		NAME		
STREET ADDRESS	3934 VILLAS GREEN		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OASIS, BOB		NAME		
STREET ADDRESS	339 GOLFSIDE COVE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	

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