2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 770016

FILED Jun 23, 2006 8:00 am Secretary of State 05-02-2006 90211 012 ****61.25

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						ij i 1 5 114 6 184 6184	41411 6 1611		1 1 1 1
2. Principal P	lace of Busin	3. Mai	3. Mailing Address										
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04142006	Chg-NP	CR2E	E037 (1	1/05)	
City & State			Ci	City & State				4. FEI Numb 59-233	er 9481	·········	•	-	plied For t Applicable
Zip _.	Country Country		. <u>Zi</u> j	. ZipC			5. Certificate of			sired 🔲		75 Add	
	6. Name	and Address of Curre	nt Registere	d Agent				7. Name and	Address of	New Registers	d Agen	i	
WEBB, ROBIN L 901 N. LAKE DESTINY DRIVE MAITLAND, FL 32751						Name Street Address (P.O. Box Number is Not Acceptable)							
							- .			F	L Z	ip Cod	,
8. The above the obligation	named entit ions of regist	y submits this statement tered agent.	for the purp	ose of changing its r	egister	ed office o	or register	red agent, or bo	th, in the State	e of Florida. I a	m famili	ar with,	and accept
SIGNATURE -	Signature typed	or printed name of registered agi	ent and title if ann	nlicable (NOTE:	Registere	d Agent signs	Nure required	when reinstating)		DATI	•		
			- and the ir app	(NOTE:	negisiare	id Agent signe	nore required	wienreinstating)		DAII	= 		
	_	e is \$61.25 lay 1, 2006		9. Election Campaign F Trust Fund Contribut				\$5.00 May Be Added to Fees Make check payable to Florida Department of Sta					
10.		OFFICERS AND I	DIRECTORS		11.			ADDITIONS/CH	ANGES TO O	FFICERS AND	DIRECT	ORS IN	10
TITLE	D			Delete	TITL	E	PO		Λ.		9	Change	Addition
NAME	ALEXANDER, DIANA S 333 GOLFSIDE COVE				NAME P			xande Golfs	r, Dic	Lha			
STREET ADDRESS CITY-ST-ZIP	LONGWO	OOD, FL 32779		FW		ET ADDRESS - ST - ZIP	333 Lo	ng Woo	d, FL	ove <u>3277</u> 9	7		
TITLE NAME	SHERRILL, RUCELL			☐ Delete TITLI NAM		Ε		J				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	LONGWOOD, FL 32779			STI CII									
TITLE NAME	SD SARACIN	O, LINDA		☐ Delete	TITL NAM		Sar	racino 34 Villa	Lind	a	<u> </u>	hange	☐ Addition
STREET ADDRESS CITY-ST-ZIP		AS GREEN OOD, FL 32779				ET ADDRESS -ST-ZIP	1 1	34 Vilk na Woo		een 3277	9		
TITLE	PD			Delete	TITL	 E	SA	.15 2000	<u> </u>				Addition
NAME	OASIS, B				NAM	E	Das	is. Bo	b ,		_	•	
STREET ADDRESS		SIDE COVE				ET ADDRESS	339		siae (ove	_		
CITY-ST-ZIP	LONGWO	OOD, FL 32779				- ST - ZIP	401	ngwac	od, Fi	327	79		
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STREET ADDRESS	ı					ET ADDRESS	391	7 1/1/1/2	Y CALL	oen Cir	cle		
CITY-ST-ZIP						-ST-ZIP	Loi	7 V I I I Q	ad Fi	327	779		
TITLE		11		☐ Delete	TITL	 E		-5-01	 , , , ,			Change	☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.													
SIGNAT	SIGNATURE: SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Date Description Description												