2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 770017

Entity Name: WEKIVA VILLAS ON THE GREEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

110 NORTH ORLANDO AVE
SUITE 6
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

110 NORTH ORLANDO AVE
SUITE 6
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-2339481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOP NOTCH MANAGEMENT SERVICES
110 NORTH ORLANDO AVE
SUITE 6
MAITLAND, FL 32751 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: D ( ) Delete
Name: PAUL HAY
Address: 3911 VILLAS GREEN CIR
City-St-Zip: LONGWOOD, FL 32779

Title: SD ( ) Delete
Name: TODD, BONNIE
Address: 3913 VILLAS GREEN CIR
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete
Name: JANER, JOAN
Address: 355 GOLFSIDE COVE
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete
Name: RACHIELE, LEE
Address: 302 SAND TRAP
City-St-Zip: LONGWOOD, FL 32779

Title: TP ( ) Delete
Name: ZACK, VALJEAN
Address: 3917 VILLAS GREEN CIRCLE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TP (X) Change ( ) Addition
Name: PAUL HAY
Address: 3911 VILLAS GREEN CIR
City-St-Zip: LONGWOOD, FL 32779

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

Title: PD (X) Change ( ) Addition
Name: JANER, JOAN
Address: 355 GOLFSIDE COVE
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change ( ) Addition
Name: RACHIELE, LEE
Address: 302 SAND TRAP
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Change ( ) Addition
Name: SCHUMACHER, RICHARD
Address: 107 RIDGEWOOD DR.
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: MARILYN VINCE CAM 04/14/2009

Electronic Signature of Signing Officer or Director — Date