

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90297 050 ****61.25

DOCUMENT # N00000004139	
1. Entity Name WEKIVA PRESERVE HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 52 E SOUTH ST ORLANDO, FL 32801 US	Mailing Address 52 E SOUTH ST ORLANDO, FL 32801 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03292004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3654715	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DON ASHER & ASSOCIATES, INC. 52 EAST SOUTH STREET ORLANDO, FL 32801		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	☐ Delete		TITLE	PD	☒ Change ☐ Addition	
NAME	RICHARDSON, JANET			NAME	GRUMBERG, JIM		
STREET ADDRESS	401 CHINAHILL CT.			STREET ADDRESS	434 CHINA HILL COURT		
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP	APOPKA, FL 32712		
TITLE	VPD	☐ Delete		TITLE	VPD	☒ Change ☐ Addition	
NAME	NEWTON, DON			NAME	NANCE, WHITNEY		
STREET ADDRESS	410 CHINAHILL CT.			STREET ADDRESS	443 WEKIVA PRESERVE DRIVE		
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP	APOPKA, FL 32712		
TITLE	SD	☐ Delete		TITLE	SD	☒ Change ☐ Addition	
NAME	CRAWFORD, P J			NAME	PIERSTORFF, BARBARA		
STREET ADDRESS	909 PALM OAK DR.			STREET ADDRESS	858 PALM OAK DRIVE		
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP	APOPKA, FL 32712		
TITLE	TD	☐ Delete		TITLE	TD	☒ Change ☐ Addition	
NAME	GRUMBERG, JIM			NAME	LAWRENCE, CRYSTAL		
STREET ADDRESS	434 CHINAHILL CT.			STREET ADDRESS	842 PALM OAK DRIVE		
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP	APOPKA, FL 32712		
TITLE	D	☐ Delete		TITLE	D	☒ Change ☐ Addition	
NAME	NANCE, WHITNEY			NAME	LANE, EGAR		
STREET ADDRESS	443 WEKIVA PRESERVE DR.			STREET ADDRESS	474 WEKIVA PRESERVE DRIVE		
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP	APOPKA, FL 32712		
TITLE		☐ Delete		TITLE		☐ Change ☐ 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **3/29/04** Daytime Phone #: **407-425-4561**