2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State
06-08-2006 90001 026 ****61.25

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

Principal Place of Business	Mailing Address
52 E SOUTH ST ORLANDO, FL 32801 US	52 E SOUTH ST ORLANDO, FL 32801 US

04282006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
1801 Cook Avenue Suite, Apt. #, etc.	1801 Cook Avenue Suite, Apt. #, etc.
City & State: Orlando Florida	City & State: Orlando Florida
Zip: 32806 Country: Orange	Zip: 32806 Country: Orange

4. FEI Number 59-3654715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DON ASHER & ASSOCIATES, INC.
52 EAST SOUTH STREET
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: Steven D. Asher
Street Address (P.O. Box Number is Not Acceptable): 1801 Cook Avenue
City: Orlando FL Zip Code: 32806

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: NOR
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KELLY, COLLEEN 918 PALM OAK DR APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Barbara Griffis 849 Palm Oak Drive Apopka, Fl 32712	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PIERSTORFF, BARBARA 858 PALM OAK DR. APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Whitney Nance 443 Wekiva Preserve Dr Apopka, Fl 32712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAWRENCE, CRYSTAL 842 PALM OAK DR. APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SMITH, KIN 466 WEKIVA PRESERVE DR APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mei May 385 Chiha Hill Court Apopka, Fl 32712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Crystal Lawrence 06/07/2006 407-814-0750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #