


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90075 009 ****70.00

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1. Entity Name
PARKVIEW WEKIVA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
1600 PARKGLEN CIRCLE
APOPKA, FL 32712

Mailing Address
PO BOX 638
APOPKA, FL 32712

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01052008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3659236

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALOMB, TIMOTHY 1580 PARKGLEN CIRCLE APOPKA, FL 32712		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, 2008

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	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEITZ, JOSEPH D SR			NAME			
STREET ADDRESS	1600 PARKGLEN CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRITY, MICHAEL P			NAME			
STREET ADDRESS	1730 PARKGLEN CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENE JR, JOHN D			NAME			
STREET ADDRESS	1550 PARKGLEN CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALOMB, TIMOTHY			NAME			
STREET ADDRESS	1580 PARKGLEN CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32712			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKE, GEORGE F			NAME			
STREET ADDRESS	1731 PARKGLEN CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32712			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 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: Timothy J. Galomb **1-5-08** **407-331-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #