

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2009
Secretary of State**

DOCUMENT# N00000004574

Entity Name: PARKVIEW WEKIVA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1600 PARKGLEN CIRCLE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

PO BOX 638
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3659236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALOMB, TIMOTHY
1580 PARKGLEN CIRCLE
APOPKA, FL 32712 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: PD () Delete
Name: GARRITY, MICHAEL P
Address: 1730 PARKGLEN CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: GREENE JR, JOHN D
Address: 1550 PARKGLEN CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: T () Delete
Name: GALOMB, TIMOTHY
Address: 1580 PARKGLEN CIRCLE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TIMOTHY J. GALOMB

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01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date