

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006325

FILED
Apr 13, 2009
Secretary of State

Entity Name: WEKIVA VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

%PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON ST. SUITE 103
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

%PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON ST. SUITE 103
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3707561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HONSE, GARY
PREMIER COMMUNITY MANAGERS, INC
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

HOUSE, GARY
PREMIER COMMUNITY MANAGERS, INC
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804 US

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: GARY HOUSE

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DYER, SHEILA
Address: 2283 WEKIVA VILLAGE LANE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: ABRAHAM, WILLIAM
Address: 2267 WEKIVA VILLAGE LANE
City-St-Zip: APOPKA, FL 32703

Title: VPD () Delete
Name: WEIGHTMAN, JANICE
Address: 2248 WEKIVA VILLAGE LN
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: SANDERS, FRAN
Address: 2239 WEKIVA VILLAGE LANE
City-St-Zip: APOPKA, FL 32703

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ABRAHAMS, WILLIAM H
Address: 2267 WEKIVA VILLAGE LANE
City-St-Zip: APOPKA, FL 32703

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

Title: SD (X) Change () Addition
Name: SANDERS, FRAN
Address: PO BOX 1447
City-St-Zip: APOPKA, FL 32703

Title: PD () Change (X) Addition
Name: BODINE, JAMES F
Address: 2228 WEKIVA VILLAGE LN
City-St-Zip: APOPKA, FL 32703

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: JAMES F BODINE

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date