

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006863

FILED
Apr 29, 2007
Secretary of State

Entity Name: THE RETREAT AT WEKIVA HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3720094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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: MARSHOWSKY, MICHAEL
Address: 1557 THORNAPPLE LANE
City-St-Zip: SANFORD, FL 32771 US

Title: VD () Delete
Name: DEFABIO, ANTHONY
Address: 1541 STARGAZER TERRACE
City-St-Zip: SANFORD, FL 32771 US

Title: SD () Delete
Name: ADAMS, MONICA
Address: 1593 THORNAPPLE LANE
City-St-Zip: SANFORD, FL 32771 US

Title: D (X) Delete
Name: SKULTETY, BRIAN
Address: 1508 EQUINOX CIRCLE
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DI FABIO, ANTHONY
Address: 1541 STARGAZER TERRACE
City-St-Zip: SANFORD, FL 32771 US

Title: VD (X) Change () Addition
Name: MC INTOSH, DUNCAN
Address: 1582 STARGAZER TERRACE
City-St-Zip: SANFORD, FL 32771 US

Title: TD (X) Change () Addition
Name: MARSHOWSKY, MICHAEL
Address: 1557 THORNAPPLE LANE
City-St-Zip: SANFORD, FL 32771 US

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: ANTHONY DI FABIO

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date