2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# N00000006863

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

Current Principal Place of Business:

2180 W SR 434 - STE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434 - STE 5000
LONGWOOD, FL 327795044 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:

HART, JAMES W JR.
2180 W SR 434 - STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: JAMES W HART JR 04/25/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TURNER, AILENE
Address: 1703 STARGAZER TERRACE
City-St-Zip: SANFORD, FL 32771

Title: VPD (X) Change ( ) Addition
Name: SKULTETY, DEBBIE
Address: 1508 EQUINOX CIR
City-St-Zip: SANFORD, FL 32771

Title: SD (X) Change ( ) Addition
Name: HARPER, RICHARD
Address: 1424 EQUINOX CIR
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Change (X) Addition
Name: SAUSER, KATHY
Address: 1780 STARGAZER TER
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Change (X) Addition
Name: WOODIS, WAYNE
Address: 1527 THORNAPPLE LN
City-St-Zip: SANFORD, FL 32771

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: AILENE TURNER PD 04/25/2008
Electronic Signature of Signing Officer or Director Date