

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90218 005 ****61.25

DOCUMENT # N01000002067

1. Entity Name
WEKIVA CLUB 2 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2755 BORDER LAKE ROAD, SUITE 101
APOPKA, FL 32703-4857 US**

Mailing Address
**2755 BORDER LAKE ROAD, SUITE 101
APOPKA, FL 32703-4857 US**

50014346



01092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 02-0645280		Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State				
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MARK MANAGEMENT INC. 2755 BORDER LAKE ROAD, SUITE 101 APOPKA, FL 32703-4857				Name Meridythe Kanaga			
				Street Address (P.O. Box Number is Not Acceptable)			
				2755 Border Lake Road, Suite 101			
				City Apopka	State FL	Zip Code 32703	

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 *Meridythe Kanaga* **Meridythe Kanaga** **4/6/06**
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, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	T KASHAN, MAJID 17 PATMORE ASH WAY APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KASHAN, MAJID 17 PATMORE ASH WAY APOPKA, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBBS, LAURA 2432 CIMMARON ASH WAY APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRUBBS, LAURA 2432 CIMMARON ASH WAY APOPKA, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOXWORTHY, BRANDEE 2420 CIMMARON ASH WAY APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OLIVER, RALPH 2480 CIMMARON ASHWAY APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CHRIS 2426 CIMMARON ASH WAY APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PFISTER, MONICA 2361 CIMMARON ASH WAY APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, CHRIS 139 SUMMIT ASH WAY APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCADO, JOSE 2445 CIMMARON ASH WAY APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

Monica Pfister **Monica Pfister**

4/6/06

407-862-2292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #