2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N01000002067

Entity Name: WEKIVA CLUB 2 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2755 BORDER LAKE ROAD, SUITE 101
APOPKA, FL 327034857 US

New Principal Place of Business:

Current Mailing Address:

2755 BORDER LAKE ROAD, SUITE 101
APOPKA, FL 327034857 US

New Mailing Address:

FEI Number: 02-0645280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANAGA, MERIDYTHE
2755 BORDER LAKE ROAD, SUITE 101
APOPKA, FL 327034857 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: DP ( ) Delete
Name: KASHAN, MAJID
Address: 17 PATMORE ASH WAY
City-St-Zip: APOPKA, FL 32703 US

Title: DS ( ) Delete
Name: RODRIGUEZ, JULIO
Address: 174 SUMMIT ASH WAY
City-St-Zip: APOPKA, FL 32703 US

Title: DVP ( ) Delete
Name: OLIVER, RALPH
Address: 2480 CIMMARON ASHWAY
City-St-Zip: APOPKA, FL 32703 US

Title: DT ( ) Delete
Name: PFISHER, MONICA
Address: 2361 CIMMARON ASH WAY
City-St-Zip: APOPKA, FL 32703 US

Title: D ( ) Delete
Name: MERCADO, JOSE
Address: 2445 CIMMARON ASH WAY
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: CHAND, SARAS
Address: 2408 CIMMARON ASH WAY
City-St-Zip: APOPKA, FL 32703 US

Title: DVP (X) Change ( ) Addition
Name: OLIVER, RALPH
Address: 2480 CIMMARON ASH WAY
City-St-Zip: APOPKA, FL 32703 US

Title: DS (X) Change ( ) Addition
Name: PFISTER, MONICA
Address: 2361 CIMMARON ASH WAY
City-St-Zip: APOPKA, FL 32703 US

Title: DT (X) Change ( ) Addition
Name: MERCADO, JOSE
Address: 2445 CIMMARON ASH WAY
City-St-Zip: APOPKA, FL 32703 US

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: MONICA PFISTER DS 04/15/2009

Electronic Signature of Signing Officer or Director — Date