

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90092 022 \*\*\*\*70.00

**DOCUMENT # N01000002412**

1. Entity Name

WEKIVA RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

5695 BEGGS ROAD  
SUITE B-100  
ORLANDO FL 32810

Mailing Address

5695 BEGGS ROAD  
SUITE B-100  
ORLANDO FL 32810

2. Principal Place of Business

214 BRONZE LEAF CT

3. Mailing Address

214 BRONZE LEAF CT

Suite, Apt. #, etc.

APAPKA

Suite, Apt. #, etc.

APAPKA

City & State

FL

City & State

FL

Zip

32703

Country

USA

Zip

32703

Country

USA

4. FEI Number

59-3749384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUTHERLAND, THERESA D.  
5695 BEGGS ROAD  
SUITE B-100  
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

MARYAM DORRI

Street Address (P.O. Box Number is Not Acceptable)

214 BRONZE LEAF CT

City

APAPKA

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

MARYAM DORRI

1-28-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE PD ☐ Delete  
NAME FIMMEL, GUS  
STREET ADDRESS 227 BRONZE LEAF COURT  
CITY-ST-ZIP APOPKA FL 32703

TITLE VD ☒ Delete  
NAME WEIRES, DAVID  
STREET ADDRESS 2013 GOLDEN IVY WAY  
CITY-ST-ZIP APOPKA FL 32703

TITLE STD ☒ Delete  
NAME GRANT, DIANNE  
STREET ADDRESS 219 COPPER OAK COURT  
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME MARYAM DORRI  
STREET ADDRESS 214 BRONZE LEAF CT  
CITY-ST-ZIP APAPKA FL 32703

TITLE STD ☒ Change ☐ Addition  
NAME DAVID WAXMAN  
STREET ADDRESS 2207 Golden Ivy  
CITY-ST-ZIP APAPKA FL 32703

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Maryam Dorri, MARYAM DORRI

1-28-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-464-  
0822