2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Many and Dawn
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED **DOCUMENT # N01000002412** 05 MAR -7 AM 10: 24 WEKÍVA RIDGE HOMEOWNERS' ASSOCIATION, INC. SECRETARY OF STATE Principal Place of Business Mailing Address 214 BRONZE LEAF CT. 214 BRONZE LEAF CT. ORLANDO, FL 32810 ORLANDO, FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172005 Chg-NP CR2E037 (10/03) City & State City & State FEI Number 59-3749384 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DORRI, MARYAM 214 BRONZE LEAF CT. Street Address (P.O. Box Number is Not Acceptable) SUITE B-100 ORLANDO, FL 32810 City Zip Code 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 . 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 9. Election Campaign Financing Make check payable to Due by May 1, 2005 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD 1111 8 Delete TITLE Change ☐ Addition FIMMEL, GUS NAME NAME STREET ADDRESS 227 BRONZE LEAF COURT STREET ADDRESS APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-7/P Director of Secretary VD TITLE ☐ Delete TITLE 74 ☐ Addition DORRI, MARYAM NAME NAME DORRI - Manyany STREET ADDRESS 214 BRONZE LEAF CT. STREET ADDRESS 214 Bronzeleas et AppKaFL 32703 CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP STD 1/0 TITLE ☐ Delete TITLE WAXMAN, DAVID NAME NAME 2207 Golden wer Apopka FL 32703 2207 GOLDEN IVEY STREET ADDRESS STREET ADDRESS CHY-ST-ZIP APOPKA, FL 32703 CITY-ST-7IP Delete TITLE Addition KRMOWTH Howden Change NAME 2030 Colden IV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 300048442443 STREET ADDRESS STREET ADDRESS 03/15/05--01027--026 **70.00 CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Daytime Phone #