

# 2009 Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 FEB -2 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N01000002412**

**1. Corporation Name**

**Wekiva Ridge Oaks Homeowner Association**

**2. Principal Office Address - No P.O. Box #**

**214 Bronze Leaf Ct.**

**3. Mailing Office Address**

**214 Bronze Leaf Ct.**

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

City & State

**Apopka**

City & State

**Apopka**

Zip

**FL**

Country

Zip

**32703**

Country

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number 59-3749384**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Maryam Dorri**

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

**214 Bronze Leaf Ct.**

Suite, Apt. #, Etc.

n/a

City

**Apopka**

State

**FL**

Zip Code

**32703**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of Registered Agent

*Maryam Dorri*

REGISTERED AGENT MUST SIGN

Date **1-24-09**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DS	Maryam Dorri	214 Bronze Leaf Court	Apopka, FL / 32703
Vd	Don Dingee	2024 Golden Ivy	Apopka, FL / 32703
S	Deborah Pettit	2131 Golden Ivy	Apopka, FL / 32703

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:** *MARYAM DORRI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-24-09**

Daytime Phone #