


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000006325		
1. Entity Name WESTON RESERVE HOMEOWNERS ASSOCIATION, INC.		

FILED
06 SEP 26 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1801 COOK AVE ORLANDO, FL 32806	Mailing Address 1801 COOK AVE ORLANDO, FL 32806
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2. Principal Place of Business 4004 EDGEWATER DRIVE Suite, Apt. #, etc.		3. Mailing Address 4004 EDGEWATER DRIVE Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32804	Country USA	Zip 32804	Country USA

09122006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent ASHER, STEVEN D 1801 COOK AVE ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name <u>MARY RIVERA</u> Street Address (P.O. Box Number is Not Acceptable) <u>4004 Edgewater Drive</u> City <u>Orlando</u> FL Zip Code <u>32804</u>	
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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 Mary L. Rivera MARY L. RIVERA 9/12/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAKE, NOLAN 3505 BENT WOOD DR KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800080183948 09/26/06--01051--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNETT, KEITH 3471 FOREST RIDGE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>8/29/07</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RYAN, MIKE 3012 SILVER WOOD DR KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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: [Signature] 9-12-06 321-228-6853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #