


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90030 012 ****70.00

DOCUMENT # N02000001927	
1. Entity Name WEEKI-WACHEE NORTH HOME OWNERS ASSOC., INC.	

Principal Place of Business 12370 ZEPHYR LN BROOKSVILLE, FL 34614	Mailing Address 12370 ZEPHYR LN BROOKSVILLE, FL 34614
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2. Principal Place of Business - No P.O. Box # 12359 CORVETTE LN	3. Mailing Address 12359 CORVETTE LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BROOKSVILLE, FL	City & State BROOKSVILLE FL
Zip 34614	Zip 34614
Country USA	Country USA



03032008 Chg-NP CR2E037 (12/06)

4. FEI Number 74-3033672	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ELLIS, PATRICIA L 12359 CAMARO LN BROOKSVILLE, FL 34614	
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7. Name and Address of New Registered Agent Name Edwin A. Donohue Street Address (P.O. Box Number is Not Acceptable) 10415 AMITY AVE WEEKI WACHEE NORTH MHP City BROOKSVILLE FL Zip Code 34614	
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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 Edwin A. Donohue Signature, typed or printed name of registered agent and title if applicable.	Edwin A. Donohue (NOTE: Registered Agent signature required when reinstating)	3 Mar 2008 DATE
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Filing Fee is \$61.25 Due by May 1, 2008	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZELINSKI, AGNES 12370 ZEPHYR LN BROOKSVILLE, FL 34614 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KORRINGA, FRANCES 12370 CAMARO LN BROOKSVILLE, FL 34614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YORK, BOB 12349 CORVETTE LN BROOKSVILLE, FL 34614 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIS, PATRICIA L 12359 CAMARO LN BROOKSVILLE, FL 34614 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNIER, YVONNE 12370 CORDOVIA LN BROOKSVILLE, FL 34614 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HART, JOAN 12360 CAMARO LN BROOKSVILLE, FL 34614 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOMER (MORT) LOOMIS 12359 CORVETTE LN. BROOKSVILLE, FL 34614-2600 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YVONNE BERNIER 12370 CORDOVIA LN BROOKSVILLE, FL 34614-2600 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S and RA DONOHUE, EDWIN A. 10415 AMITY AVE BROOKSVILLE, FL 34614-2600 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VACANT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROWLEY, LARRY 12344 CORDOVIA LN BROOKSVILLE, FL 34614 <input type="checkbox"/> Change <input checked="" 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: Edwin A. Donohue SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Edwin A. Donohue Date	3/3/2008 (352) 597-3816 Daytime Phone
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ATTACHMENT

40040315

DOCUMENT #N02000001927

WEEKI WACHEE NORTH HOME OWNER'S ASSOC., INC.

FEI Number

74-3033672

11. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 10

TITLE	VP (Social)	(X) Delete	(X) Change
NAME	Bernier, Yvonne		Position is vacant (unfilled)
STREET ADDRESS	12370 Cordovia Ln		
CITY-ST-ZIP	Brooksville, FL 34614		

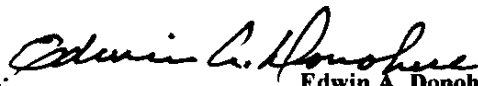
TITLE	TD	(X) Delete	(X) Change
NAME	Hawley, Marybeth		Hill, Catherine (Kay)
STREET ADDRESS	12345 Corvette Ln		10487 Amity Ave.
CITY-ST-ZIP	Brooksville, FL 34614		Brooksville, FL 34614

TITLE	TD	(X) Delete	(X) Change
NAME	Bebeau, Donald		Voelker, Marcia
STREET ADDRESS	10473 Amity Ave.		12345 Cordovia Ln
CITY-ST-ZIP	Brooksville, FL 34614		Brooksville, FL 34614

TITLE	TD	(X) Delete	(X) Change
NAME	Witte, Clara		Smith, Mary
STREET ADDRESS	12331 Magic Ln		10409 Shawnee Rd
CITY-ST-ZIP	Brooksville, FL 34614		Brooksville, FL 34614

TITLE	TD	(X) Delete	(X) Change
NAME	Voelker, Marcia		Farahay, Mike
STREET ADDRESS	12345 Cordovia Ln		10396 Shawnee Rd.
CITY-ST-ZIP	Brooksville, FL 34614		Brooksville, FL 34614

SIGNATURE:



Edwin A. Donohue

(Signature - Printed Name)

3 MAR 2008

(Date)

(352) 597-3816

(Daytime Phone)