2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N02000001927

Entity Name: WEEKI-WACHEE NORTH HOME OWNERS ASSOC., INC .

Current Principal Place of Business:

12332 CAMERO LANE
WEEKI WACHEE, FL 34614

New Principal Place of Business:

Current Mailing Address:

12332 CAMERO LANE
WEEKI WACHEE, FL 34614

New Mailing Address:

FEI Number: 74-3033672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHON, GWENDOLYN J
12332 CAMERO LANE
WEEKI WACHEE, FL 34614 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: KORRINGA, FRANCES
Address: 12370 CAMARO LN
City-St-Zip: BROOKSVILLE, FL 34614

Title: P ( ) Delete
Name: BOTT, EUGENE
Address: 12360 ZEPHYER LN
City-St-Zip: WEEKI WACHEE, FL 34614

Title: VP ( ) Delete
Name: GRANT, ROBERT 1ST
Address: 10393 SHAWNEE RD
City-St-Zip: WEEKI WACHEE, FL 34614

Title: S ( ) Delete
Name: MAHON, GWENDOLYN J
Address: 12332 CAMERO LN
City-St-Zip: WEEKI WACHEE, FL 34614

Title: VPT ( ) Delete
Name: WEBSTER, ANN 2ND
Address: 10450 SHAWNEE RD
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN MAHON SECT 01/20/2009

Electronic Signature of Signing Officer or Director — Date