

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004652

FILED
Apr 06, 2007
Secretary of State

Entity Name: THE WEKIVA CREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-0253481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 W SR 434, SUITE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: MARTIN, ANTHONY
Address: 7001 LAKE ELLENOR DR STE 200
City-St-Zip: ORLANDO, FL 32809

Title: VPD () Delete
Name: GINSBURG, ALAN H
Address: 7001 LAKE ELLENOR DR STE 200
City-St-Zip: ORLANDO, FL 32809

Title: SD () Delete
Name: SHASSAN, LOUIS P
Address: 7001 LAKE ELLENOR DR STE 200
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALLMAN, BILL
Address: 540 WEKIVA CREST DR
City-St-Zip: APOPKA, FL 32712

Title: VPD (X) Change () Addition
Name: BRADFORD, HEZEKIAH JR
Address: 573 SMOKE MONT CT
City-St-Zip: APOPKA, FL 32712

Title: SD (X) Change () Addition
Name: WOODS, ILENE
Address: 564 WEKIVA CREST DR
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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: BILL ALLMAN

PD

04/06/2007

Electronic Signature of Signing Officer or Director

Date