


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

04-26-2006 90234 022 ****61.25

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1. Entity Name
TRADITIONS AT WEKIVA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 165 W SR 434
 WINTER SPRINGS, FL 32708

Mailing Address
 PO BOX 915322
 LONGWOOD, FL 32791-5322

66021287



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04142006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

NATIONAL ASSOCIATION MANAGEMENT COMPANY
 165 W SR 434
 WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name Webb, Robin L.
 Street Address (P.O. Box Number is Not Acceptable) 901 N. Lake Destiny Dr
Suite 110
 City Maitland FL Zip Code 32751

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 [Signature] DATE _____

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WESLEY, ERIKA	
STREET ADDRESS	138 WEKIVA POINTE CIRCLE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LOGAN, KEN	
STREET ADDRESS	127 WEKIVA POINTE CIRCLE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	S	<input type="checkbox"/> Delete
NAME	ADRIAN, EVERETT	
STREET ADDRESS	70 WEKIVA POINTE CIRCLE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALL, DEBORAH	
STREET ADDRESS	34 WEKIVA POINTE CIRCLE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRIMANDO, SALVATORE	
STREET ADDRESS	57 WEKIVA POINTE CIRCLE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grimando, Salvatore	
STREET ADDRESS	57 Wekiva Pointe Circle	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wasman, Tom	
STREET ADDRESS	88 Wekiva Pointe Circle	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] Erika Wesley DATE: 4/18/06 DAYTIME PHONE #: 407-620-0776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR