

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03816

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: WEKIVA LANDING HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

557 WEKIVA LANDING DR  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

557 WEKIVA LANDING DR  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 59-2692658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WESIGHAN, FRANK C  
557 WEKIVA LANDING DR  
APOPKA, FL 32712 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: WESIGHAN, LYNN,  
Address: 557 WEKIVA LANDING DR  
City-St-Zip: APOPKA, FL

Title: VD ( ) Delete  
Name: AYA, EDGAR,  
Address: 528 WEKIVA LANDING DR  
City-St-Zip: APOPKA, FL

Title: ST ( ) Delete  
Name: NELSON, DEBBIE  
Address: 1157 OAKPOINT CIRCLE  
City-St-Zip: APOPKA, FL

Title: D ( ) Delete  
Name: LUNDBERG, KATHY,  
Address: 563 WEKIVA LANDING DR  
City-St-Zip: APOPKA, FL

Title: D ( ) Delete  
Name: LUNDBERG, WAYNE  
Address: 563 WEKIVA LNDG DR  
City-St-Zip: APOPKA, FL

Title: D ( ) Delete  
Name: WESIGHAN, FRANK,  
Address: 557 WEKIVA LANDING DR  
City-St-Zip: APOPKA, FL

**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:

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: FRANK C WESIGHAN

D

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date