## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000005926

FILED Apr 15, 2009 Secretary of State

Entity Name: WEKIVA BEND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

655 W. STATE RD. 436

ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

655 W. STATE RD. 436

ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-5775287 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CALVERT, JOHN M
800 N. MAGNOLIA AVE., SUITE 203
ORLANDO, FL 32803 US

CALVERT, JOHN M
1730 S. BUMBY AVE.
ORLANDO, FL 32806 US

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: 04/15/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: CALVERT, JOHN M
Address: 800 N. MAGNOLIA AVE., SUITE 203

Name: CALVERT, JOHN M
Address: 1730 S. BUMBY AVE.

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32806

Title: VD ( ) Delete Title: TR (X) Change ( ) Addition

 Name:
 GILL, RANDALL W
 Name:
 GUTH, DAVID L

 Address:
 800 N. MAGNOLIA AVE., SUITE 203
 Address:
 1730 S. BUMBY AVE.

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:
 ORLANDO, FL 32806

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

Name:CHESSER, JAREDName:CHESSER, JAREDAddress:800 N. MAGNOLIA AVE., SUITE 203Address:1730 S. BUMBY AVE.City-St-Zip:ORLANDO, FL 32803City-St-Zip:ORLANDO, FL 32806

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: JOHN M. CALVERT PD 04/15/2009