-2008-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90200 004 ****61.25

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	ne TERS OF WEEKI WACHI S' ASSOCIATION, INC.	EE PROP	ERTY							
Principal Place of Business 6100 WATERS WAY SPRING HILL, FL 34607 US Mailing Address 4048 DELTONA BLVD. SPRING HILL, FL 34606						600342	BION BION ON	Ali Olak 2101 Ell		
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc. Suite, Ap			, Apt. #, etc.			04142008 C	hg-NP	CR2E0	37 (12/06)	
		City	City & State			4. FEI Number 59-26980	35		— — —	pplied For ot Applicable
Zip	Country	Zip		Cour	ntry	5. Certificate of S			\$8.75 Ad- Fee Require	
	6. Name and Address of Curr	ent Registere	d Agent		N	7. Name and Ad	dress of New Re	egistered .	Agent	
4048 DEL	RTY, JOHN TONA BLVD. HILL, FL 34606		-	-	Name Street Address	(P.O. Box Number is	Not Acceptable)		
}				Ī	City			FL	Zip Coc	de
	e named entity submits this statementations of registered agent.	nt for the purpo	ose of changing its	registered	d office or registe	red agent, or both, in	n the State of Flo		familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered a	agent and title if appl	icable. (NOTi	E: Registered	Agent signature require	d when reinstating)	· ·	DATE		
	-		9. Election Car Trust Fund C			\$5.00 May Be Added to Fees			k payable t tment of S	
10.	-	DIRECTORS			on. 🗀		Flori	da Depar	tment of S	tate
10. TILE	Due by May 1, 2008	DIRECTORS		Contributio	on. 🗀	Added to Fees ADDITIONS/CHANG	Flori SES TO OFFICER	da Depar	tment of S	l 10
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indicated on this report or supplied indicated on this report or supplementaring of the corporation or the receiver or rustee changed, or on an attachment with an address. d with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information out is true and accurate and that my signature shall have the same legal effect is if made under oath; that I am an officer or director encovered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 it with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #