

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10289

FILED
Apr 23, 2008
Secretary of State

Entity Name: WEKIVA RESERVE 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: 59-2689256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: JAEMS W HART JR 04/23/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCNATT, AMANDA
Address: 2578 LANCASTER CT
City-St-Zip: APOPKA, FL 32703

Title: VPD () Delete
Name: STEIN, CHARLOTTE
Address: 2810 CORNERSTONE CT
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: HOFEN, CAROL
Address: 2942 CANDELA CT
City-St-Zip: APOPKA, FL 32703

Title: TD () Delete
Name: BIMSON, GRACE
Address: 2726 BRANDON CIR
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: MUNDELL, SUSAN
Address: 2862 LANCASTER CT
City-St-Zip: APOPKA, FL 32703

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: D (X) Change () Addition
Name: NILSON, RUTH
Address: 2746 LANCASTER CT
City-St-Zip: APOPKA, FL 32703

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: AMANDA MCNATT PD 04/23/2008

Electronic Signature of Signing Officer or Director Date