

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10289

FILED  
Apr 17, 2009  
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  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 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: 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: NILSON, RUTH  
Address: 2746 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: ( ) 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: AMANDA MCNATT

PD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date