

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90080 037 ****61.25

DOCUMENT # N23535 1. Entity Name THE OAKS OF WEKIWA OWNERS ASSOCIATION, INC.					
Principal Place of Business 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 US			Mailing Address 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HART, JAMES W JR. SENTRY MANAGEMENT, INC. 2180 W SR 434 STE 5000 LONGWOOD, FL 32779				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	MCMASTERS, RICK		NAME	BLINCO, JEFF	
STREET ADDRESS	1000 PIEDMONT OAKS DR		STREET ADDRESS	2161 WEKIWA OAKS DR	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	SD	☐ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	VAUTIER, DEBORAH		NAME	HEINE, RAYMOND D	
STREET ADDRESS	1054 PIEDMONT OAKS CT		STREET ADDRESS	2151 WEKIWA OAKS DR	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	LLOYD, LYN		NAME	BALAS, THERESA	
STREET ADDRESS	2198 WEKIWA OAKS DR		STREET ADDRESS	1104 PIEDMONT OAKS DR	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	TD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	EDMAN, VINCE		NAME	EDMAN, VINCE	
STREET ADDRESS	1061 PIEDMONT OAKS DR		STREET ADDRESS	1061 PIEDMONT OAKS DR	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	VPD	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	MELLOTT, DARLENE		NAME	BOATRIGHT, JOANN	
STREET ADDRESS	974 PIEDMONT OAKS DR		STREET ADDRESS	1106 PIEDMONT OAKS DR	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	RIVERA, PABLO	
STREET ADDRESS			STREET ADDRESS	2160 WEKIWA OAKS DR	
CITY-ST-ZIP			CITY-ST-ZIP	APOPKA, FL 32703	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			4-16-08 407-701-6348		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		