

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49061

**FILED**  
**Mar 21, 2010**  
**Secretary of State**

**Entity Name:** WEKIVA VILLAS-3 HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2755 BORDER LAKE ROAD STE 101  
APOPKA, FL 327034857 US

**New Principal Place of Business:**

2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 327034857 US

**Current Mailing Address:**

2755 BORDER LAKE ROAD STE 101  
APOPKA, FL 327034857 US

**New Mailing Address:**

2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 327034857 US

**FEI Number:** 59-3216142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANAGA, MERIDYTHE  
2755 BORDER LAKE ROAD  
APOPKA, FL 327034857 US

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

KANAGA, MERIDYTHE  
2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 327034857 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:

03/21/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: BOOKER, ELIZABETH  
Address: 3946 VILLAS GREEN CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: DP  
Name: BIRDIE, MEZDI  
Address: 3950 VILLAS GREEN CIR  
City-St-Zip: LONGWOOD, FL

Title: DST  
Name: HAGEN, PAT  
Address: 3962 VILLAS GREEN CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: PAT HAGEN

DST

03/21/2010

Electronic Signature of Signing Officer or Director

Date