

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49313

FILED
Apr 15, 2009
Secretary of State

Entity Name: WEKIVA PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 327034857 US

New Principal Place of Business:

Current Mailing Address:

2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 327034857 US

New Mailing Address:

FEI Number: 59-3159820

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
SUITE 101
APOPKA, FL 327034857 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: DP () Delete
Name: SMITH, EVA
Address: 237 MORNING CREEK CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: DVP () Delete
Name: FISHER, EDDIE
Address: 1990 SMOKETREE CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: DT () Delete
Name: ALFREY, SUE
Address: 1717 FAIRHAVEN COURT
City-St-Zip: APOPKA, FL 32712

Title: DS () Delete
Name: FILIPPELLI, DOREEN
Address: 431 MORNING CREEK CIR
City-St-Zip: APOPKA, FL 32712

Title: D (X) Delete
Name: TOSTON, MARY
Address: 313 MORNING CREEK CIRCLE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: WARDROP, BRENT
Address: 435 MORNING CREEK CIRCLE
City-St-Zip: APOPKA, FL 32712

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: DOREEN FILIPPELLI

DS

04/15/2009

Electronic Signature of Signing Officer or Director

Date