

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90343 019 \*\*\*\*61.25

**DOCUMENT # N93000000560**

1. Entity Name  
**WEKIWA WOODS SUBDIVISION HOMEOWNER'S  
ASSOCIATION, INC.**



Principal Place of Business  
**190 N WESTMONTE DR  
SUITE 100  
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address  
**190 N WESTMONTE DR  
SUITE 100  
ALTAMONTE SPRINGS, FL 32714 US**

60048004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3179233**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5:75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL, MARILYN  
190 N WESTMONTE DR  
SUITE 100  
ALTAMONTE SPRINGS, FL 32714**

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, 2006**

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  
NAME  
ST  
MALOY, MAXINE ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
1230 SABLEWOOD DR.  
APOPKA, FL 32712

TITLE  
NAME  
VP  
Stobbe, Douglas ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
1130 Crown Isle Cr.  
Apopka, FL 32712

TITLE  
NAME  
P  
POWELL, MARK ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
1202 CROWN ISLE CIRCLE  
APOPKA, FL 32712

TITLE  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
VP  
CUNNINGHAM, MICHAEL ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
1238 CROWN ISLE CIRCLE  
APOPKA, FL 32712

TITLE  
NAME  
D  
Cunningham, Michael ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
1238 Crown Isle Circle  
Apopka, FL 32712

TITLE  
NAME  
D  
VANCE, BETH ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
716 PARADISE ISLE  
APOPKA, FL 32712

TITLE  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
D  
TERMAN, JACK ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
1303 SABLEWOOD DRIVE  
APOPKA, FL 32712

TITLE  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Powell

Date

4/17/06

Daytime Phone #

407-484-5378