2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N93000000560



FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90326 010 ****61.25

1. Entity Nam WEKIWA ASSOCIA	WOODS	S SUBDIVISION HO	OMEOV	/NER'S								
190 N WESTMONTE DR 190 SUITE 100 SUIT ALTAMONTE SPRINGS, FL 32714 US ALT.			190 i Suite Altai	ailing Address 90 N WESTMONTE DR JITE 100 LTAMONTE SPRINGS, FL 32714 US								
Principal Place of Business - No P.O. Box # 3. Ma			3. Maili	. Mailing Address								
Suite, Apt. #, etc.			Sui	te, Apt. #, etc.			03192007 _{CI}	hg-NP	CR2E037	(12/06)		
City & State			City	City & State			4. FEI Number 59-317923	3			pplied For ot Applicable	
Zip	-	Country	Zip		Col	untry	5. Certificate of St	atus Desirod		8.75 Addee Require		
	6. Name	and Address of Current	Registere	d Agent	·	l	7. Name and Add	ress of New Reg	Istered A	gent		
CAMPBE		N/8.1			-	Name						
190 N WE	STMONTE			Street Address			ss (P.O. Box Number is I	Not Acceptable)				
SUITE 100 ALTAMON		NGS, FL 32714										
						City			FL	Zip Cod		
	tions of regis			See of Gridinging to	regioner	ed office of regic	Stored agent, or both, in	THE SIGNE OF FIGURE			and accept	
	Signature, typed	or printed name of registered agent	and title if appl	icable. (NOT	E: Registere	ed Agent algnature requ	ured when reinstating)		DATE			
	Filing Fe	d or printed name of registered agent He is \$61.25 May 1, 2007	and title if appl	9. Election Cal Trust Fund (mpaign F	inancing	\$5.00 May Be Added to Fees		ke check a Departr			
10.	Filing Fe	ne is \$61.25		9. Election Car	mpaign F	inancing lion.	\$5.00 May Be	Florida	ke check a Departr	nent of S	tate	
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12. I hereby certify that the information supplied with this filling 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: