

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000560

FILED
Mar 25, 2011
Secretary of State

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

Current Principal Place of Business:

1218 SABLEWOOD DRIVE
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3179233 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAMPBELL, MARILYN
860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 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: P
Name: STARCHER, TERESA D
Address: 1218 SABLEWOOD DR.
City-St-Zip: APOPKA, FL 32712 US

Title: VP
Name: OWENS, ALEXANDER G
Address: 1143 CROWN ISLE CIRCLE
City-St-Zip: APOPKA, FL 32712 US

Title: D
Name: WACHTER, ROBERT
Address: 1352 CROWN ISLE CR
City-St-Zip: APOPKA, FL 32712 US

Title: D
Name: STOBBE, DOUGLAS
Address: 1130 CROWN ISLE CR
City-St-Zip: APOPKA, FL 32712 US

Title: ST
Name: HALE, PETER
Address: 1376 CROWN ISLE CR
City-St-Zip: APOPKA, FL 32712 US

Title: MGR
Name: RUSSELL, MIRIAM A MGR
Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: MIRIAM RUSSELL

MGR

03/25/2011

Electronic Signature of Signing Officer or Director

Date