2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006570

FILED Apr 11, 2008 Secretary of State

Entity Name: WEKIVA CHASE HOMEOWNERS' ASSOCIATION, INC.

New Principal Place of Business:

2180 WEST SR 434, SUITE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044 US

SUITE 5000

LONGWOOD, FL 327795044 US

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 2180 WEST SR 434

LONGWOOD, FL 327795044 US SUITE 5000

LONGWOOD, FL 327795044 US

FEI Number: 59-3425295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 US HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 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: JAMES W HART JR 04/11/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

NAZARIO, NELSON EZZAI, ANITA Name: Name: 1777 STEFAN COLE LANE Address: 1573 STEFAN COLE LANE Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703

Title: TD Title: D () Delete (X) Change () Addition

BYRD, ALAN Name: BYRD, ALAN Name:

Address: 1536 STEFAN COLE LN Address: 1536 STEFAN COLE LN City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703

Title: VPD () Delete Title: () Change () Addition

HOWELLS, EVA C Name: Name: Address: 1543 STEFAN COLE LN Address: City-St-Zip: ORLANDO, FL 32703 City-St-Zip:

Title: () Delete Title: TSD () Change (X) Addition

Name: Name: BRUNSON, TERESSA Address: Address: 1728 STEFAN COLE LN City-St-Zip: City-St-Zip: ORLANDO, FL 32703

Title: () Delete Title: () Change (X) Addition

DOMBROWSKI, JIM Name: Name: 1656 STEFAN COLE LN Address: Address: City-St-Zip: City-St-Zip: APOPKA, FL 32703

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: ANITA EZZAI PD 04/11/2008