

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90424 046 ****61.25

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|---|---|--|--|---|--|
| DOCUMENT # N97000001401 1. Entity Name WEKIVA WALK HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 313 WALK VIEW CT APOPKA, FL 32703 US | | | Mailing Address 2548 WEKIVA WALK WAY APOPKA, FL 32703 US | | |
| 2. Principal Place of Business 2548 WEKIVA WALK WAY | | 3. Mailing Address SAME | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Apopka FL | | City & State | | 4. FEI Number 59-3342204 | |
| Zip 32703 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARRIOS, KENNETH L 131 WALK VIEW CT APOPKA, FL 32703 | | | 7. Name and Address of New Registered Agent Name ALLEN SANDBERG Street Address (P.O. Box Number is Not Acceptable) 2425 WEKIVA WALK WAY City APOPKA FL Zip Code 32703 | | |
| 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 <u><i>Allen Sandberg</i></u> ALLEN SANDBERG TREASURER <u>4/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY-ST-ZIP | PD BARRIOS, KENNETH C 313 WALK VIEW CT APOPKA, FL 32703 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SANDBERG, ALLEN 2425 WEKIVA WALK WAY APOPKA, FL 32703 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD NUNLEY, CHARLES R 2337 WEKIVA WALK WAY APOPKA, FL 32703 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD RUFF, DAVID 2449 WEKIVA WALK WAY APOPKA, FL 32703 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TURLEY, CARY 2342 WEKIVA WALK WAY APOPKA, FL 32703 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TRULEY, CARY 2342 WEKIVA WALK WAY APOPKA FL 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCOTT, JOHNSTON 2318 WEKIVA WALK WAY APOPKA FL 32703 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCOTT, JOHNSTON 2318 WEKIVA WALK WAY APOPKA FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Allen Sandberg</i></u> ALLEN SANDBERG <u>4/29/04</u> <u>407 671 0000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |