

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001401

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

2548 WEKIVA WALK WAY  
APOPKA, FL 32703 US

## New Principal Place of Business:

## Current Mailing Address:

2548 WEKIVA WALK WAY  
APOPKA, FL 32703 US

## New Mailing Address:

FEI Number: 59-3342204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANDBERG, ALLEN  
2425 WEKIVA WALK WAY  
APOPKA, FL 32703 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: TD ( ) Delete  
Name: SANDBERG, ALLEN  
Address: 2425 WEKIVA WALKWAY  
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete  
Name: NUNLEY, CHARLES R  
Address: 2337 WEKIVA WALK WAY  
City-St-Zip: APOPKA, FL 32703

Title: VPD ( ) Delete  
Name: RUFF, DAVID  
Address: 2449 WEKIVA WALK WAY  
City-St-Zip: APOPKA, FL 32703

Title: PD ( ) Delete  
Name: TURLEY, CARY  
Address: 2342 WEKIVA WALK WAY  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: SCOTT, JOHNSTON  
Address: 2318 WEKIVA WALK WAY  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SANDBERG, ALLEN  
Address: 2425 WEKIVA WALKWAY  
City-St-Zip: APOPKA, FL 32703

Title: SD (X) Change ( ) Addition  
Name: BARRIOS, KAREN  
Address: 313 WALK VIEW CT  
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change ( ) Addition  
Name: DIAZ, EDWIN  
Address: 315 VIEW CT  
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change ( ) Addition  
Name: DALEY, NERISSA  
Address: 2413 WEKIVA WALK WAY  
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALLEN SANDBERG

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date