2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N97000001401 02-13-2006 90016 019 ****61.25 1. Entity Name WEKIVA WALK HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2548 MEKIVA WALK WAY 2548 WEKIVA WALK WAY APOPKA FL 32703 APOPKA-FL-32703 2. Principal Place of Business 3. Mailing Address Premier Community Managers 1st MOORE CR2E037 (10/05) Premier Community Managers 5151 Adanson St Suite 103 5151 Adanson St Suite 103 4. FEI Number Applied For Orlando, FL 32804 Orlando, FL 32804 59-3342204 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDBERG, ALLEN 2425 WEKIVA WALK WAY APOPKA FL 32703 Premier Community Managers 5151 Adanson St Suite 103 Orlando, FL 32804 Zip Code 8. The above named entity submits this statement for the purpose of changing its registere am familiar with, and accept the obligations of registered agent. or printed name of pointered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Due By May 1, 2006 **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change | ☐ Addition SANDBERG, ALLEN NAME NAME STREET ADDRESS 2425 WEKIVA WALKWAY STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-2IP ☐ Delete TITLE Addition BARRIOS, KAREN NAME STREET ADDRESS 313 WALK VIEW CT STREET ADDRESS APOPKA FL 32703 CITY-ST-78P CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME DIAZ, EDWIN NAME STREET ADDRESS 315 VIEW CT STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-7IP ☐ Delete TITLE Change Addition NAME DALEY, NERISSA NAME 2413 WEKIVA WALK WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SCOTT, JOHNSTON NAME NAME 2318 WEKIVA WALK WAY STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE YULLY (BONIN)

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2-3-12 & 407 464-9110

☐ Change

Addition

FILED

Feb 13, 2006 8:00 am