2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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06 OCT -5 PM 1:02

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1. Entity Name
WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PREMIER COMMUNITY MANAGERS 5151 ADANSON ST STE 103 ORLANDO, FL 32804 US	C/O PREMIER COMMUNITY MANAGERS 5151 ADANSON ST STE 103 ORLANDO, FL 32804 US

09082006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
190 N. Westmonte Dr.	190 N. Westmonte Dr.
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country: U.S.	Zip: 32714 Country: U.S.

4. FEI Number 59-3342204 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARY HOUSE
C/O PREMIER COMMUNITY MANAGERS
5151 ADANSON ST STE 103
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name: Marilyn Campbell
Street Address (P.O. Box Number is Not Acceptable): C/O Central Property Management, Inc.
190 N. Westmonte Dr., Suite 100
City: Altamonte Springs FL Zip Code: 32714

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: Marilyn Campbell MARILYN CAMPBELL 9/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 SANDBERG, ALLEN 2425 WEKIVA WALKWAY APOPKA, FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900080499279 10/05/06--01042--007 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARRIOS, KAREN 313 WALK VIEW CT APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PD Barrios, Karen 313 walk View Ct. Apopka, FL 32703
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIAZ, EDWIN 315 VIEW CT APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition TD Diaz, Edwin 315 View Ct Apopka, FL 32703
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALEY, NERISSA 2413 WEKIVA WALK WAY APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SD Daley, Nerissa 2413 Wekiva Walk Way Apopka, FL 32703
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, JOHNSTON 2318 WEKIVA WALK WAY APOPKA, FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Karen Barrios KAREN BARRIOS 9-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #