

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001401

FILED  
Mar 25, 2011  
Secretary of State

**Entity Name:** WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

313 WALK VIEW COURT  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

860 NORTH S.R. 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714 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:**

CAMPBELL, MARILYN  
860 NORTH S.R. 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714 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: T  
Name: LIGHT, MELANIE  
Address: 303 VIEW CT  
City-St-Zip: APOPKA, FL 32703 US

Title: P  
Name: BARRIOS, KAREN  
Address: 313 WALK VIEW CT  
City-St-Zip: APOPKA, FL 32703

Title: VPS  
Name: DALEY, NERISSA  
Address: 2413 WEKIVA WALK WAY  
City-St-Zip: APOPKA, FL 32703 US

Title: MGR  
Name: HERNQUIST, EDITH MGR  
Address: 860 NORTH S.R. 434, SUITE 1009  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby 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 all other like empowered.

SIGNATURE: EDITH HERNQUIST

MGR

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date