

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001012

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** WEKIVA CROSSING HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

882 JACKSON AVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

882 JACKSON AVE  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 59-3560720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JORDAN, BRETT M  
882 JACKSON AVE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

BRACKIN, ANDREA L  
882 JACKSON AVE  
WINTER PARK, FL 32789 US

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: ANDREA L. BRACKIN

04/29/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VTD ( ) Delete  
Name: MACEJEWSKI, STACY  
Address: 1603 WEKIVA CROSSING BLVD.  
City-St-Zip: APOPKA, FL 32703

Title: PD ( ) Delete  
Name: STAFFORD, JULIEN  
Address: 1518 WEKIVA CROSSING BLVD  
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete  
Name: FERNANDEZ, JOSEPHINA  
Address: 1548 WEKIVA CROSSING BLVD.  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MACEJEWSKI, STACY  
Address: 1603 WEKIVA CROSSING BLVD.  
City-St-Zip: APOPKA, FL 32703

Title: ST (X) Change ( ) Addition  
Name: GRUSSAUTE, JENNIFER  
Address: 1512 WEKIVA CROSSING BLVD  
City-St-Zip: APOPKA, FL 32703

Title: VP (X) Change ( ) Addition  
Name: FERNANDEZ, JOSEPHINA  
Address: 1548 WEKIVA CROSSING BLVD.  
City-St-Zip: APOPKA, FL 32703

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: JENNIFER GRUSSAUTE

ST

04/29/2004

Electronic Signature of Signing Officer or Director

Date