

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001012

FILED  
Mar 23, 2007  
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:**

BRACKIN, ANDREA L  
882 JACKSON AVE  
WINTER PARK, FL 32789 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: PD ( ) Delete  
Name: MACEJEWSKI, STACY  
Address: 1603 WEKIVA CROSSING BLVD.  
City-St-Zip: APOPKA, FL 32703

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

Title: D ( ) Change (X) Addition  
Name: KISH, AMY  
Address: 1752 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 Chapter 119, 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: STACY MACEJEWSKI

P/TD

03/23/2007

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

\_\_\_\_\_  
Date