2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90085 020 ****61.25

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1. Entity Name
WEKIVA CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1600 W. COLONIAL DR.~~ ~~ORLANDO, FL 32804 US~~	~~PO BOX 531010~~ ~~ORLANDO, FL 32853-1010 US~~

PREMIER COMMUNITY MANAGERS INC
1255 BELLE AVE #167
WINTER SPRINGS, FL 32708

PREMIER COMMUNITY MANAGERS INC
1255 BELLE AVE #167
WINTER SPRINGS, FL 32708

01312005 Chg-NP CR2E037 (10/03)

Zip	Country	Zip	Country

FEI Number 59-3657503 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PREMIER COMMUNITY MANAGERS INC
1255 BELLE AVE #167
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name GARY HOUSE

PREMIER COMMUNITY MANAGERS INC
1255 BELLE AVE #167
WINTER SPRINGS, FL 32708

Zip Code

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 Gary House
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	D GRAVES, ~~SANFORD~~ SANDY 2513 WALNUT HEIGHTS RD. APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MISURALE, ANGELA 206 CHESTNUT CREEK DR. APOPKA FL 32703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDERS, JOHN 2361 WALNUT HEIGHTS RD. APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KENNON, HANS 225 CHESTNUT CREEK DR APOPKA FL 32703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BRUGGEMAN, MIKE 2551 WALNUT HEIGHTS RD APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSSI, MARILYN 2525 WALNUT HEIGHTS RD. APOPKA FL 32703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOK, PAUL 2397 WALNUT HEIGHTS RD. APOPKA FL 32703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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 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: Angela Misurale Jr 2/15/04 321-356-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #