

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90150 030 ****61.25

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1. Entity Name

WEKIVA CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1255 BELLE AVE
#167
WINTER SPRINGS FL 32708
US

1255 BELLE AVE
#167
WINTER SPRINGS FL 32708
US

00040703



**Premier Community Managers,
Inc.**

5151 Adanson Street, Suite 103
Orlando, Florida 32804

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Inc.**

5151 Adanson Street, Suite 103
Orlando, Florida 32804

1st MOORE CR2E037 (10/05)

4. 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

7. Name and Address of New Registered Agent

HOUSE, GARY
5151 Adanson Street, Suite 103
Orlando, Florida 32804

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

~~Due By May 1, 2006~~

SEP 6, 2006

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	D	☐ Delete
NAME	GRAVES, SANDY	
STREET ADDRESS	2513 WALNUT HEIGHTS RD.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	☒ Delete
NAME	SANDERS, JOHN	
STREET ADDRESS	2361 WALNUT HEIGHTS RD.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	DP	☒ Delete
NAME	BRUGGEMAN, MIKE	
STREET ADDRESS	2551 WALNUT HEIGHTS RD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	DT	☐ Delete
NAME	MISURALE, ANGELA	
STREET ADDRESS	206 CHESTNUT CREEK CR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	DV	☐ Delete
NAME	KENNON, HANS	
STREET ADDRESS	225 CHESTNUT CREEK DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	☐ Delete
NAME	ROSSI, MARILYN	
STREET ADDRESS	2525 WALNUT HEIGHTS RD	
CITY-ST-ZIP	APOPKA FL 32703	

TITLE	D	☐ Change ☒ Addition
NAME	PAUL COOK	
STREET ADDRESS	2397 WALNUT HEIGHTS RD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	DS	☐ Change ☒ Addition
NAME	PAUL HARRIS	
STREET ADDRESS	2582 WALNUT HEIGHTS RD.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	☐ Change ☒ Addition
NAME	SANFORD GRAVES	
STREET ADDRESS	2513 WALNUT HEIGHTS RD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Angela Misurale*