
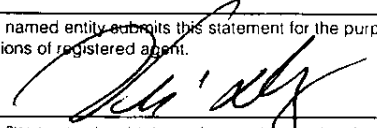
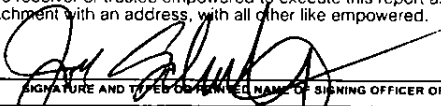


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90029 046 ****61.25

DOCUMENT # N99000003368 1. Entity Name WEKIVA SPRINGS RESERVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806			Mailing Address 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box # clo world of homes Suite, Apt. #, etc. 2884 S. Osceola Avenue City & State Orlando, FL Zip 32806		3. Mailing Address clo World of Homes Suite, Apt. #, etc. 2884 S. Osceola Avenue City & State Orlando, FL Zip 32806		4. FEI Number 59-3580519	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERDINANDSEN ENTERPRISES, INC. 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%;"> Vicki Diaz <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 1-23-08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SCHULTE, JOE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	501 WEKIVA BLUFF ST		NAME		
STREET ADDRESS	APOPKA, FL 32712		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	V PERRY, MICHAEL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	515 WEKIVA BLUFF ST		NAME		
STREET ADDRESS	APOPKA, FL 32712		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	V ERFOURTH, DERRICK	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	619 SUN BLUFF		NAME		
STREET ADDRESS	APOPKA, FL 32712		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	T KNIGHT, RUBY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	607 SUN BLUFF LANE		NAME		
STREET ADDRESS	APOPKA, FL 32712		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	S HEWITT, KIMBERLY	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	509 WEKIVA BLUFF ST		NAME	S Bradley Snyder	
STREET ADDRESS	APOPKA, FL 32712		STREET ADDRESS	539 Wekiva Bluff Street	
CITY- ST- ZIP			CITY- ST- ZIP	APOPKA, FL 32712	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/17/08 <small>Date</small>		
			<small>Daytime Phone #</small>		