

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003368

FILED
Mar 03, 2009
Secretary of State

Entity Name: WEKIVA SPRINGS RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O WORLD OF HOMES
2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

C/O WORLD OF HOMES
2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3580519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERDINANDSEN ENTERPRISES, INC.
2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806 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: P () Delete
Name: SCHULTE, JOE
Address: 501 WEKIVA BLUFF ST
City-St-Zip: APOPKA, FL 32712

Title: V () Delete
Name: PERRY, MICHAEL
Address: 515 WEKIVA BLUFF ST
City-St-Zip: APOPKA, FL 32712

Title: V () Delete
Name: ERFORTH, DERRICK
Address: 619 SUN BLUFF
City-St-Zip: APOPKA, FL 32712

Title: T () Delete
Name: KNIGHT, RUBY
Address: 607 SUN BLUFF LANE
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: MYDER, BRADLEY S
Address: 538 WEKIVA BLUFF STREET
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ERFORTH, DERRICK
Address: 619 SUN BLUFF
City-St-Zip: APOPKA, FL 32712

Title: T (X) Change () Addition
Name: SMITH, TIM
Address: 1269 WELCH RIDGE TERRACE
City-St-Zip: APOPKA, FL 32712

Title: S (X) Change () Addition
Name: SNYDER, BRADLEY S
Address: 538 WEKIVA BLUFF STREET
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify 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: CRYSTAL SOLIS

LCAM

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date