


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000067870 1. Entity Name WEKIVA GOLF CLUB, INC.	
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Principal Place of Business 109 COMMERCE STREET SUITE 1101 LAKE MARY, FL 32746	Mailing Address 109 COMMERCE STREET SUITE 1101 LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

 07 FEB 20 AM 9:13

 SECRETARY OF STATE *JS*
TALLAHASSEE, FLORIDA

 01/23/07 90041 006 \$150.00

 01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1049801	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DELLO RUSSO, ROBERT G
STREET ADDRESS	109 COMMERCE ST., #1101
CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	BARTON, HOWARD C
STREET ADDRESS	3551 WEST 1ST STREET
CITY - ST - ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

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 607, 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: 
 Date: **1-17-07**
 Daytime Phone #: **407-862-1422**

Document corrected per Debbie Armijo. Dse