


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90023 012 \*\*\*150.00

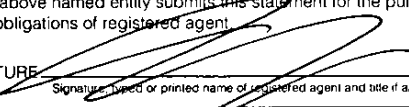
<b>DOCUMENT # P04000067870</b>	
1. Entity Name <b>WEKIVA GOLF CLUB, INC.</b>	

Principal Place of Business <b>109 COMMERCE STREET SUITE 1101 LAKE MARY, FL 32746 US</b>	Mailing Address <b>109 COMMERCE STREET SUITE 1101 LAKE MARY, FL 32746 US</b>
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2. Principal Place of Business - No P.O. Box # <b>4100 Wekiva Club Ct</b>	3. Mailing Address <b>4100 Wekiva Club Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Longwood FL</b>	City & State <b>Longwood, FL</b>
Zip <b>32779</b>	Country <b>Seminole</b>

6. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132</b>		7. Name and Address of New Registered Agent Name <b>Dello Russo, Robert G</b> Street Address (P.O. Box Number is Not Acceptable) <b>531 Codisco Way</b> City <b>Sanford</b> FL Zip Code <b>32771</b>	
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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 	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELLO RUSSO, ROBERT G 109 COMMERCE ST, SUITE 1101 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dello Russo, Robert G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 531 Codisco Way Sanford FL 32771-6610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, HOWARD C 3551 WEST 1ST STREET SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gatti, Al <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 600 Sweetwater Club Blvd Longwood FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holmes, Gary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1900 Country Club Blvd Mt. Dora FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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