

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara H. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
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MAY - 1 PM 12:02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

DOCUMENT # **N41486** (4)
THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business		Mailing Address	
2180 W STATE RD 434 SUITE 5000 LONGWOOD FL 32779		2180 W STATE RD 434 SUITE 5000 LONGWOOD FL 32779	
21 Principal Place of Business	22 Mailing Address	25 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	23 City & State	27 City & State	28 City & State
24	25	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1990	3a. Date of Last Report 04/19/1994
4. FFI Number 59-3051308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under 37.001(2)(c) Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HART, JAMES W. J SENTRY MGT. INC. 2180 WEST S.R. 434, SUITE 5000 LONGWOOD FL 32779		81 Name	
		82 Federal Employer ID No. (Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation satisfies the statement for the purpose of changing its registered office as registered in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am a resident of the State of Florida.

SIGNATURE: *Frank Dolan* Director of the Corporation

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS																																																																		
<table border="1"> <tr> <td>NAME</td> <td>PD HOLLOWAY, JOHN</td> <td>3260 UNIVERSITY BLVD., STE 200</td> <td>WINTER PARK FL 32792</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td>VD VALANTASIS, GUST</td> <td>3260 UNIVERSITY BLVD., STE. 200</td> <td>WINTER PARK FL 32792</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td>STD DOLAN, FRANK</td> <td>3260 UNIVERSITY BLVD., STE. 200</td> <td>WINTER PARK FL 32792</td> <td>Change</td> <td>Addition</td> </tr> </table>	NAME	PD HOLLOWAY, JOHN	3260 UNIVERSITY BLVD., STE 200	WINTER PARK FL 32792	Change	Addition	NAME	VD VALANTASIS, GUST	3260 UNIVERSITY BLVD., STE. 200	WINTER PARK FL 32792	Change	Addition	NAME	STD DOLAN, FRANK	3260 UNIVERSITY BLVD., STE. 200	WINTER PARK FL 32792	Change	Addition	<table border="1"> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> </table>	NAME				Change	Addition	NAME				Change	Addition	NAME				Change	Addition	NAME				Change	Addition	NAME				Change	Addition	NAME				Change	Addition	NAME				Change	Addition	NAME				Change	Addition
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14. I, the undersigned, certify that the information supplied with this filing is, to the best of my knowledge and belief, true and correct, and that I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE: *Frank Dolan* Frank Dolan 2/22/95 407-657-1800