

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41486** (4)

1. Corporation Name

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

12/31/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3051308

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ 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 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME **HOLLOWAY, JOHN**
STREET ADDRESS **3260 UNIVERSITY BLVD., STE 200**
CITY-ST-ZIP **WINTER PARK FL 32792**

11 TITLE PD ☐ Change ☒ Addition

12 NAME **BODELL, WAYNE**
13 STREET ADDRESS **3260 UNIVERSITY BLVD., STE 200**
14 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE VD ☐ DELETE

NAME **VALANTASIS, GUST**
STREET ADDRESS **3260 UNIVERSITY BLVD., STE. 200**
CITY-ST-ZIP **WINTER PARK FL 32792**

21 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME **DOLAN, FRANK**
STREET ADDRESS **3260 UNIVERSITY BLVD., STE. 200**
CITY-ST-ZIP **WINTER PARK FL 32792**

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

33 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

34 NAME ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 407-657-1800

GUST VALANTASIS

Date

Daytime Phone #

CR2E037 (12/95)