FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

19	996
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DOCUMENT #

N41486

(4)

THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC											
Principal Place of Business Mailing Address											
2180 W STA SUITE 5000 LONGWOOD		SUITE	W STATE RD 43 5000 WOOD FL 32779					<u> </u>			
CONSTRUCT		201101					3. Date Incorporated or Qualified 12/31/1990	3a. Date of 05/	f Last F /01/1 !		
	ace of Business	 	ng Address				4. FEI Number			pplied For	
21 Cuita Ant	н	26	A - 11 - 1 - 1				59-3051308			lot Applicable	
Suite, Apt.		27	e, Apt. #, etc.				5. Certificate of Status Desired	\$		Additional Required	
City & State	9	28 City 8	& State				Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country				v		This corporation has liability for in			to Fees	
24	25	29	30					Yes [2] No			
	9. Name and Address of Curre	nt Registered	Agent				10. Name and Address of New Re	gistered Age	nt		
				8	Name						
HART, JAMES W. J SENTRY MGT. INC. 82 Street Addr				Addres	dress (P.O. Box Number is Not Acceptable)						
2180 WEST S.R. 434, SUITE 5000			8:	3							
	OOD FL 32779			84	\$ City			FL 8	Zip	Code	
or register	to the provisions of Sections 617.050 red agent, or both, in the State of Flo th, and accept the obligations of, Sec	rida. Such chan	ige was authoriz	ed by the cor	-named co poration's	orporati board	on submits this statement for the purp of directors. I hereby accept the appo	ose of changin	g its re stered	gistered office agent. I am	
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered ago	of and tile if applicable	ie (NC	DL Hagistered Ag	eot signature r	required w	ken ronstatngi	DATE			
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	PD		⊠ DELETE	1 1 TITLE		PI		☐ Cł	ange	X Addition	
NAME	HOLLOWAY, JOHN			12 NAME		B	DELL, WAYNE	CTE O	^^		
STREET ADDRESS	3260 UNIVERSITY BLVD., S	TE 200			ET ADDRESS	34	260 UNIVERSITY BLVD. INTER PARK FL 32792	, 51E 2	JU	•	
CITY-ST-ZIP	WINTER PARK FL 32792		DELETE	1.4 CITY -		W.	INTER PARK PL 32/92	Пс		- Addition	
TITLE	VD		LJULLETE	2 1 111LE				☐ Cr	ange	Addition	
NAME CIRCLI ADDRESS	VALANTASIS, GUST	TF 000		2.2 NAME							
STREET ADDRESS	3260 UNIVERSITY BLVD., S WINTER PARK FL 32792	IE. 200			ET ADDRESS						
CITY-ST-ZIP TITLE	STD		DELETE	2 4 CITY 3 1 TITLE		ļ		□ Cr	nanne	Addition	
NAME	DOLAN, FRANK			3 2 NAME					- rgo		
STREET ADDRESS	3260 UNIVERSITY BLVD., S	TF 200			ET ADDRESS					į	
CITY-ST-ZIP	WINTER PARK FL 32792	12. 200		3.4. CITY							
TITLE	WHITE TOUT IE SEFEE		DELETE	4 1 TITLE		1	· · · · · · · · · · · · · · · · · · ·	□ Cł	iange	☐ Add-tion	
NAME				4. 2 NAM	£			_			
STREET ADDRESS				4.3 STREE	ET ADDRESS					1	
CITY-ST-ZIP				4.4 CITY	ST-7IP						
TITLE			DELETE	5 1 TITLE				Cr	ange	Addition	
NAME				5.2 NAME							
STREET ADDRESS				5 3 STREE	ET ADDRESS						
CITY-ST-ZIP				5.4 CITY	ST-7IP	<u> </u>					
TITLE			DELETE	61 TITLE				□ cr	ange	☐ Addition	
NAME				6.2 NAME							
STREET ADDRESS				63 STREE	ET ADDRESS						
CITY-ST-ZIP		1 14 11 20		64 CITY		<u> </u>					
14. I do herek	ly certify that the information supplied	with this bling	s voluntarily furn	nished and do	es not qua	alify for	the exemption stated in Section 119.0	7(3)(k), Florida	Statute	s. I further	

certify that the information indicated on this annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or a director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or a director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 407-657-1800

Daytime Prione #