


FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90242 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N41486					
1. Corporation Name THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC					
Principal Place of Business 2180 W STATE RD 434 SUITE 5000 LONGWOOD FL 32779			Mailing Address 2180 W STATE RD 434 SUITE 5000 LONGWOOD FL 32779		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/31/1990 4. FEI Number 59-3051308 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HART, JAMES W. J SENTRY MGT. INC. 2180 WEST S.R. 434, SUITE 5000 LONGWOOD FL 32779				10. Name and Address of New Registered Agent 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BODELL, WAYNE			1.2 NAME			
STREET ADDRESS	3260 UNIVERSITY BLVD STE 200			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALANTASIS, GUST			2.2 NAME			
STREET ADDRESS	3260 UNIVERSITY BLVD., STE. 200			2.3 STREET ADDRESS	1241 SEMORAN BLVD STE. 185		
CITY-ST-ZIP	WINTER PARK FL 32792			2.4 CITY-ST-ZIP	CASSELBERRY FL 32707		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOLAN, FRANK			3.2 NAME			
STREET ADDRESS	3260 UNIVERSITY BLVD., STE. 200			3.3 STREET ADDRESS	1241 SEMORAN BLVD STE 185		
CITY-ST-ZIP	WINTER PARK FL 32792			3.4 CITY-ST-ZIP	CASSELBERRY FL 32707		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 or 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

Date

407-671-3511

Daytime Phone #

CR2E037-(1/98)