2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90318 044 ****61.25

002.4268

DOCUMENT # N41486

1. Entity 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

00030657

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3051308 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HART, JAMES W. J SENTRY MGT. INC. 2180 WEST S.R. 434, SUITE 5000 LONGWOOD FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BODELL, WAYNE 2822 FORSYTH RD STE 101 WINTER PARK FL 32792	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAY, GENA 1473 FALCONCREST BLVD APOPKA FL 32712	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VALANTASIS, GUST 1241 SEMORAN BLVD, STE #185 CASSELBERRY FL 32707	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PHILLIPS, EUGENE 351 LANCER OAK DR APOPKA FL 32712	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DOLAN, FRANK 1241 SEMORAN BLVD, STE #185 CASSELBERRY FL 32707	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FIORINI, DAVID 1365 FOXFORREST DR APOPKA FL 32712	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WHITE, DIANNA 1397 FOXFORREST CIR APOPKA FL 32712	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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 617, 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.

SIGNATURE: Gena May GENA MAY 4-2-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #