


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90044 032 \*\*\*\*70.00

<b>DOCUMENT # N41486</b>			
<b>1. Entity Name</b> THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC.			
<b>Principal Place of Business</b> 620 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32708		<b>Mailing Address</b> 620 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32708	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-3051308		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b>  PAINE-ANDERSON PROPERTIES, INC. 620 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32708		<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Karen Paine Nelson Property Mgr 2-24-05  
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**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HEALEY, ROBERT	
STREET ADDRESS	1180 FOXFORREST CIR.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MACAW, DANIELL	
STREET ADDRESS	1168 OSPREY WAY	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KREUSS, CARL	
STREET ADDRESS	1227 FOXFORREST CIR.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DT	<input type="checkbox"/> Delete
NAME	Bertoch, Chris	
STREET ADDRESS	39 Pine Forest	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	DS	<input type="checkbox"/> Delete
NAME	Ubert, Dave	
STREET ADDRESS	1292 Foxforrest Cir.	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krauss, Carl	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Kelly President 3/8/05 407 695-7898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #