

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-11-2008 90064 032 ****61.25

DOCUMENT # N41486
 1. Entity Name
THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
680 WEST SR 434
STE 101
WINTER SPRINGS, FL 32708

Mailing Address
P.O. BOX 195771
WINTER SPRINGS, FL 32719

66008834



2. Principal Place of Business - No P.O. Box #
C/O HARA Management, Inc
 Suite, Apt. #, etc.
931 S. SEMORAN BLVD #214
 City & State
Winter Park, FL

3. Mailing Address
C/O HARA Management, Inc
 Suite, Apt. #, etc.
931 S. SEMORAN BLVD #214
 City & State
Winter Park, FL

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3051308

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
PAINE-ANDERSON PROPERTIES, INC.
680 WEST SR 434
STE 101
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent
 Name
HARA Management, Inc
 Street Address (P.O. Box Number is Not Acceptable)
931 S. SEMORAN BLVD #214
 City
Winter Park FL Zip Code
32792

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 Robert Hara (NOTE: Registered Agent signature required when reappointing)
 DATE **4-28-08**

Filing Fee is **\$61.25** Due by **May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEALEY, ROBERT 1180 FOXFORREST CIR. APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BERTOCH, CHRIS 39 PINE FOREST APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIBOR, JANUSE 137 LANCER OAK ST. APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONTGOMERY, JUDY E 519 LANCER OAK DR. APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINS, RICHARD 1140 FOXFORREST CIR. APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 to this address, with all other like empowered.

SIGNATURE: Robert Hara DATE: **4/28/08** DAYTIME PHONE: **407 402 0607**