2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90160 045 ****61.25

DOCUMENT # N41486

1. Entity Name

THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
620 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32708	620 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32708

☐ CHECK HERE IF MAKING CHANGES

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
PAINE-ANDERSON PROPERTIES, INC. 620 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32708	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ KAREN PAINE-MALCOLM 1-6-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAUL, DEBORAH 1300 OSPREY WAY APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Robert Healey 1180 Foxforrest Cir. Apopka, FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FIRESTONE, TERRY 1389 FOXFORREST CIRCLE APOPKA FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Daniell Macaw 1168 Osprey Way Apopka, FL. 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANTANA, SAUNDRA 114 KNIGHTS HOLLOW DRIVE APOPKA FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARL Krauss 1227 Foxforrest Cir. Apopka, FL. 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSTAY, JAMES 285 LANCER OAK DR APOPKA FL 32712	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Deborah Paul ESQUIRE Pres. Dent 2-11-03 407-695-7898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR