

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41486

Entity Name: THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**931 S. SEMORAN BLVD.
SUITE # 214
WINTER PARK, FL 32792**Current Mailing Address:**931 S. SEMORAN BLVD.
SUITE # 214
WINTER PARK, FL 32792**FEI Number:** 59-3051308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARA MANAGEMENT, INC.
931 S. SEMORAN BLVD
SUITE # 214
WINTER PARK, FL 32792 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P/D
Name	BOSCHERT, CHUCK L
Address	931 S. SEMORAN BLVD - SUITE 214
City-State-Zip:	WINTER PARK FL 32792

Title	VP/D
Name	HECKENBERG, STEVEN
Address	931 S. SEMORAN BLVD - SUITE 214
City-State-Zip:	WINTER PARK FL 32792

Title	TREASURER
Name	SANDLER, JACQUELINE
Address	931 S. SEMORAN BLVD - SUITE 214
City-State-Zip:	WINTER PARK FL 32792

Title	S/D
Name	PENAFLO, RODELIO G
Address	931 S. SEMORAN BLVD- STE 214
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	ADAMS, PAUL III
Address	931 S. SEMORAN BLVD SUITE 214
City-State-Zip:	WINTER PARK FL 32792

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHUCK L. BOSCHERT

PRESIDENT

02/27/2015

Electronic Signature of Signing Officer/Director Detail_____
Date