

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41486

**Entity Name:** THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**760 FLORIDA CENTRAL PKWY  
SUITE #200  
LONGWOOD, FL 32750**Current Mailing Address:**C/O HARA COMMUNITY 1ST ADVISORS  
760 FLORIDA CENTRAL PKWY SUITE #200  
LONGWOOD, FL 32750 US**FEI Number:** 59-3051308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARA COMMUNITY 1ST ADVISORS LLC  
760 FLORIDA CENTRAL PKWY  
SUITE #200  
LONGWOOD, FL 32750 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:** RICHARD N. MICHAUD

02/09/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	SANDLER, JACQUELINE
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	MATHIUS, PAULINE L
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	BRIGANCE, MICHAEL
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	HARRISPERSAD, KERRY
Address	C/O HARA COMMUNITY 1ST ADVISORS 760 FLORIDA CENTRAL PKWY SUITE #200
City-State-Zip:	LONGWOOD FL 32750

*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:** JACQUELINE SANDLER

TREASURER

02/09/2018

Electronic Signature of Signing Officer/Director Detail

Date