

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41486

Entity Name: THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**

C/O ASSOCIA-COMMUNITY MANAGEMENT PROFES
4700 MILLENIA BLVD. SUITE 515
ORLANDO, FL 32839

Current Mailing Address:

C/O ASSOCIA-COMMUNITY MANAGEMENT PROFES
4700 MILLENIA BLVD. SUITE 515
ORLANDO, FL 32839 US

FEI Number: 59-3051308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

ASSOCIA COMMUNITY MANAGEMENT PROFESSIONALS INC.
C/O ASSOCIA-COMMUNITY MANAGEMENT PROFES
4700 MILLENIA BLVD. SUITE 515
ORLANDO, FL 32839 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: GABRIELA JAKOBSEN

04/23/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SIMS, HOPE
Address C/O ASSOCIA-COMMUNITY
MANAGEMENT PROFES
4700 MILLENIA BLVD. SUITE 515
City-State-Zip: ORLANDO FL 32839

Title PRESIDENT
Name HANIEPH, KIM
Address C/O ASSOCIA-COMMUNITY
MANAGEMENT PROFES
4700 MILLENIA BLVD. SUITE 515
City-State-Zip: ORLANDO FL 32839

Title SECRETARY
Name CARTER, STACIA
Address C/O ASSOCIA-COMMUNITY
MANAGEMENT PROFES
4700 MILLENIA BLVD. SUITE 515
City-State-Zip: ORLANDO FL 32839

Title TREASURER
Name BADILLO, ELIZABETH
Address C/O ASSOCIA-COMMUNITY
MANAGEMENT PROFES
4700 MILLENIA BLVD. SUITE 515
City-State-Zip: ORLANDO FL 32839

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: KIM HANIEPH

PRESIDENT

04/23/2022

Electronic Signature of Signing Officer/Director Detail

Date