

2020 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 HMI
760 FLORIDA CENTRAL PARKWAY SUITE #200
LONGWOOD, FL 32750

Current Mailing Address:

C/O HMI
760 FLORIDA CENTRAL PARKWAY SUITE #200
LONGWOOD, FL 32750 US

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

HMI
C/O HMI
760 FLORIDA CENTRAL PARKWAY 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: LORIE FULKES

03/06/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SANDLER, JACQUELINE
Address C/O HMI
760 FLORIDA CENTRAL PARKWAY
SUITE #200
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT
Name JOHNSON, CARRIE
Address C/O HMI
760 FLORIDA CENTRAL PARKWAY
SUITE #200
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name HANIEPH, KIM
Address C/O HMI
760 FLORIDA CENTRAL PARKWAY
SUITE #200
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY
Name MATHIUS, PAULINE L
Address C/O HMI
760 FLORIDA CENTRAL PARKWAY
SUITE #200
City-State-Zip: LONGWOOD FL 32750

Title TREASURER
Name BADILLO, ELIZABETH
Address C/O HMI
760 FLORIDA CENTRAL PARKWAY
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: CARRIE JOHNSON

PRESIDENT

03/06/2020

Electronic Signature of Signing Officer/Director Detail

Date