

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41486** (4)

1. Corporation Name

THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business

Mailing Address

**2180 W STATE RD 434
SUITE 5000
LONGWOOD FL 32779**

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SUITE 5000
LONGWOOD FL 32779**

3. Date Incorporated or Qualified

12/31/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

4. FEI Number

59-3051308

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, JAMES W. J
SENTRY MGT. INC.
2180 WEST S.R. 434, SUITE 5000
LONGWOOD FL 32779**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME **HOLLOWAY, JOHN**
STREET ADDRESS **3260 UNIVERSITY BLVD., STE 200**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE VD ☐ DELETE

NAME **VALANTASIS, GUST**
STREET ADDRESS **3260 UNIVERSITY BLVD., STE. 200**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE STD ☐ DELETE

NAME **DOLAN, FRANK**
STREET ADDRESS **3260 UNIVERSITY BLVD., STE. 200**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☐ Change ☒ Addition

12 NAME **BODELL, WAYNE**
13 STREET ADDRESS **3260 UNIVERSITY BLVD., STE 200**
14 CITY-ST-ZIP **WINTER PARK FL 32792**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUST VALANTASIS

4-9-96 407-657-1800

Date

Daytime Phone #

CR2E037 (12/95)