

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90002 024 ****61.25

DOCUMENT # N41486

1. Entity Name

THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

**2180 W STATE RD 434
SUITE 5000
LONGWOOD FL 32779****2180 W STATE RD 434
SUITE 5000
LONGWOOD FL 32779-5042****A0039627**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3051308

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	BODELL, WAYNE	3260 UNIVERSITY BLVD STE 200	WINTER PARK FL	<input type="checkbox"/>	<input type="checkbox"/>
VD	VALANTASIS, GUST	1241 SEMORAN BLVD, STE #185	CASSELBERRY FL 32707	<input type="checkbox"/>	<input type="checkbox"/>
STD	DOLAN, FRANK	1241 SEMORAN BLVD, STE #185	CASSELBERRY FL 32707	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Wayne Broedel**SIGNATURE: SIGNATURE REQUIRED****4-3-00****407-671-3571**

CR2E037 (9/99)