

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90318 044 ****61.25

0024268

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

00030657



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

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

Name

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

City

FL

Zip Code

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 **PD** ☒ Delete
 NAME **BODELL, WAYNE**
 STREET ADDRESS **2822 FORSYTH RD STE 101**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **PD** ☐ Change ☒ Addition
 NAME **MAY, GENA**
 STREET ADDRESS **1473 FALCONCREST BLVD**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **VD** ☒ Delete
 NAME **VALANTASIS, GUST**
 STREET ADDRESS **1241 SEMORAN BLVD, STE #185**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **VD** ☐ Change ☒ Addition
 NAME **PHILLIPS, EUGENE**
 STREET ADDRESS **351 LANCER OAK DR**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **STD** ☒ Delete
 NAME **DOLAN, FRANK**
 STREET ADDRESS **1241 SEMORAN BLVD, STE #185**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **SD** ☐ Change ☒ Addition
 NAME **FIORINI, DAVID**
 STREET ADDRESS **1365 FOXFORREST DR**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
 NAME **WHITE, DIANNA**
 STREET ADDRESS **1397 FOXFORREST CIR**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

Genia May
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)