

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90106 023 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

620 NIGHTHAWK CIR.

620 NIGHTHAWK CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs FL

City & State

Winter Springs FL

4. FEI Number

59-3051308

Applied For

Not Applicable

Zip

32708

Country

U.S.A.

Zip

32708

Country

U.S.A.

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

Paine-Anderson Properties, Inc.

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

620 NIGHTHAWK CIR.

City

Winter Springs

FL

Zip Code

32708

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: *Margaret M. Anderson* MARGARET M. ANDERSON 2/6/02

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  
NAME MAY, GENA  
STREET ADDRESS 1473 FALCONCREST BLVD  
CITY-ST-ZIP APOPKA FL 32712 ☒ Delete

TITLE PD  
NAME Paul, Deborah  
STREET ADDRESS 1300 Osprey Way  
CITY-ST-ZIP APOPKA, FL 32712 ☐ Change ☒ Addition

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

TITLE VD  
NAME Firestone, Terry  
STREET ADDRESS 1389 Foxforrest Cr.  
CITY-ST-ZIP APOPKA, FL 32712 ☐ Change ☒ Addition

TITLE SD  
NAME FIORINI, DAVID  
STREET ADDRESS 1365 FOXFORREST DR  
CITY-ST-ZIP APOPKA FL 32712 ☒ Delete

TITLE ID  
NAME Santana, Sandra  
STREET ADDRESS 114 Knights Hollow Drive  
CITY-ST-ZIP APOPKA, FL 32712 ☐ Change ☒ Addition

TITLE TD  
NAME WHITE, DIANNA  
STREET ADDRESS 1397 FOXFORREST CIR  
CITY-ST-ZIP APOPKA FL 32712 ☒ Delete

TITLE D  
NAME Rustay, James  
STREET ADDRESS 285 Lancer Oak Dr  
CITY-ST-ZIP APOPKA, FL 32712 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 persons empowered.

SIGNATURE:

*Deborah Paul* Deborah Paul

2/6/02 407-695-7898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)