

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90678 001 *****8.75
04-19-2004 90678 002 *****61.25

66412746



MOORE CR2E037 (11/03)

DOCUMENT # N41486 1. Entity Name THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 620 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32708			Mailing Address 620 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32708		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3051308				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAINE-ANDERSON PROPERTIES, INC. 620 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32708			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PAUL, DEBORAH		STREET ADDRESS		
CITY-ST-ZIP	1300 OSPREY WAY APOPKA FL 32712		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALEY, ROBERT		NAME	Healey, Robert	
STREET ADDRESS	1180 FOXFORREST CIR.		STREET ADDRESS	1180 Foxforrest	
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP	Apopka, FL 32712	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACAW, DANIELL		NAME	Macaw, Daniell	
STREET ADDRESS	1168 OSPREY WAY		STREET ADDRESS	1168 Osprey way	
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREUSS, CARL		NAME	KRAUS, CARL	
STREET ADDRESS	1227 FOXFORREST CIR.		STREET ADDRESS	1227 Foxforrest	
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP	Apopka, FL 32712	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Healey President 4/14/04 407 695-7898