

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90022 020 \*\*\*\*70.00

**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 - No P.O. Box #  
**680 W.S.R.-434**

3. Mailing Address  
**P.O. Box 195771**

Suite, Apt. #, etc.  
**SUITE 101**

Suite, Apt. #, etc.

City & State  
**WINTER SPRINGS, FL**

City & State  
**WINTER SPRINGS, FL**

Zip  
**32708**

Country  
**U.S.**

Zip  
**32719-5771**

Country  
**U.S.**

03082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3051308**

Applied For  
☐ Not Applicable

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

**PAINE-ANDERSON PROPERTIES, INC.  
620 NIGHTHAWK CIRCLE  
WINTER SPRINGS, FL 32708**

Name  
Street Address (P.O. Box Number is Not Applicable)  
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

*Karen Paine-Maleck* **KAREN PAINE-MALECK**

**3/13/07**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HEALEY, ROBERT  
1180 FOXFORREST CIR.  
APOPKA, FL 32712** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
BERTOCH, CHRIS  
39 PINE FOREST  
APOPKA, FL 32712** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
SUTTON, LORI  
1248 FALCONCREST BLVD  
APOPKA, FL 32712** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
JANUSZ SIDOR  
137 LANCER OAK DR.  
APOPKA, FL 32712** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR/5  
JUDY E. MONTGOMERY  
519 LANCER OAK DR.  
APOPKA, FL 32712** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Richard Martins  
1140 Foxforrest Cir  
Apopka, FL 32712** ☒ Change ☒ Addition

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

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

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/07**

Date Daytime Phone #