2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-11-2008 90064 032 ****61.25

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DOCUMENT # N41486

1. Entity Name
THE PINES OF WEKIVA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~680 WEST SR 434~~ ~~STE 101~~ ~~WINTER SPRINGS, FL 32708~~	~~P.O. BOX 195771~~ ~~WINTER SPRINGS, FL 32719~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o HARA MANAGEMENT, INC	c/o HARA MANAGEMENT, INC
Suite, Apt. #, etc.: 931 S. SEMORAN BLVD. #214	Suite, Apt. #, etc.: 9315 SEMORAN BLVD. #214
City & State: WINTER PARK, FL	City & State: WINTER PARK, FL
Zip: 32792 Country: USA	Zip: 32792 Country: USA

02132008 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.~~ ~~680 WEST SR 434~~ ~~STE 101~~ ~~WINTER SPRINGS, FL 32708~~	Name: HARA MANAGEMENT, INC Street Address (P.O. Box Number is Not Acceptable): 931 S. SEMORAN BLVD # 214 City: WINTER PARK FL Zip Code: 32792

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: Robert Hara 4-28-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
Robert Hara

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HEALEY, ROBERT 1180 FOXFORREST CIR. APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BERTOCH, CHRIS 39 PINE FOREST APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIBOR, JANUSE 137 LANCER OAK ST. APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MONTGOMERY, JUDY E 519 LANCER OAK DR. APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARTINS, RICHARD 1140 FOXFORREST CIR. APOPKA, FL 32712	☐ 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 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] 4/28/08 (407) 862-0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #