

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010303

Entity Name: APIARY POINTE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**36815 QUEEN BEE LANE
GRAND ISLAND, FL 32735**Current Mailing Address:**36815 QUEEN BEE LANE
GRAND ISLAND, FL 32735**FEI Number:** 20-5031250**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAWKINS, JORDAN
36819 QUEEN BEE LANE
GRAND ISLAND, FL 32735 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	WHITE, JOHN
Address	36832 QUEEN BEE LANE
City-State-Zip:	GRAND ISLAND FL 32735

Title	VP
Name	MCCARRAHER, MAC
Address	36815 QUEEN BEE LANE
City-State-Zip:	GRAND ISLAND FL 32735

Title	DIR
Name	MCCARRAHER, MAC
Address	36815 QUEEN BEE LANE
City-State-Zip:	GRAND ISLAND FL 32735

Title	TREA
Name	HAWKINS, JORDAN
Address	36819 QUEEN BEE LANE
City-State-Zip:	GRAND ISLAND FL 32735

Title	SECRETARY
Name	ROBERTS, JAMIE
Address	36800 QUEEN BEE LANE
City-State-Zip:	GRAND ISLAND FL 32735

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JORDAN M. HAWKINS**TREASURER****02/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date