

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41486

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

**FILED**  
**Apr 25, 2023**  
**Secretary of State**  
**6590465175CC**

**Current Principal Place of Business:**

C/O ASSOCIA-COMMUNITY MANAGEMENT PROFES  
4700 MILLENIA BLVD. SUITE 515  
ORLANDO, FL 32839

**Current Mailing Address:**

C/O ASSOCIA-COMMUNITY MANAGEMENT PROFES  
4700 MILLENIA BLVD. SUITE 515  
ORLANDO, FL 32839 US

**FEI Number: 59-3051308**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASSOCIA COMMUNITY MANAGEMENT PROFESSIONALS INC.  
C/O ASSOCIA-COMMUNITY MANAGEMENT PROFES  
4700 MILLENIA BLVD. SUITE 515  
ORLANDO, FL 32839 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: GABRIELA JAKOBSEN**

**04/25/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HANIEPH, KIM  
Address        C/O ASSOCIA-COMMUNITY  
                  MANAGEMENT PROFES  
                  4700 MILLENIA BLVD. SUITE 515  
City-State-Zip: ORLANDO FL 32839

Title            VP  
Name            SIMS, HOPE B.  
Address        C/O ASSOCIA-COMMUNITY  
                  MANAGEMENT PROFES  
                  4700 MILLENIA BLVD. SUITE 515  
City-State-Zip: ORLANDO FL 32839

Title            SECRETARY, TREASURER  
Name            CARTER, STACIA M.  
Address        C/O ASSOCIA-COMMUNITY  
                  MANAGEMENT PROFES  
                  4700 MILLENIA BLVD. SUITE 515  
City-State-Zip: ORLANDO FL 32839

Title            DIRECTOR 1  
Name            JEAN CHARLES, GLARSNELL F.  
Address        C/O ASSOCIA-COMMUNITY  
                  MANAGEMENT PROFES  
                  4700 MILLENIA BLVD. SUITE 515  
City-State-Zip: ORLANDO FL 32839

*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: KIM HANIEPH**

**PRESIDENT**

**04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date