

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 704050 (4)

1. Corporation Name

WINTER PARK PINES COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 5357  
WINTER PARK FL 32793

P.O. BOX 5357  
WINTER PARK FL 32793

3. Date Incorporated or Qualified  
05/16/1962

3a. Date of Last Report  
11/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country  
24 25

28 Zip Country  
29 30

4. FEI Number  
59-6211008

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, RICHARD L  
4032-E LK UNDERHILL ROAD  
ORLANDO FL 32803

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	TALBERT, DAVID	
STREET ADDRESS	2822 LIONHEART RD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BONAR, JAMES	
STREET ADDRESS	2805 KINGS DEER RD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HARDY, WALLACE	
STREET ADDRESS	2942 BOWER RD.	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CULLENS, TOMMY	
STREET ADDRESS	757 S. RANGER BLVD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COHEN, RICHARD L	
STREET ADDRESS	4032-E LK UNDERHILL ROAD	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	(D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	(D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	(D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	(D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	(D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

500001771815  
-04/08/96--01022--030  
\*\*\*\$1.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE: *Richard L. Cohen* Treasurer 2/10/96 (407) 246-6500  
DATE: 2/10/96 DAYTIME PHONE: (407) 246-6500

CR2E037 (12/95)

PM 4-0-96