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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 704050

1. Corporation Name  
**WINTER PARK PINES COMMUNITY ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 5357 P.O. BOX 5357  
WINTER PARK FL 32793 WINTER PARK FL 32793



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>05/16/1962</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-6211008</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TALBERT, DAVID	2822 LIONHEART RD.	WINTER PARK FL 32792
VPD	BONAR, JAMES	2805 KINGS DEER RD.	WINTER PARK FL 32792
S	<del>TURNER, ROBERTA K</del> BAILEY, JOHN	<del>742 MONMOUTH WAY</del> 2830 LIONHEART RD	WINTER PARK, FL <del>32792</del>
TD	CULLENS, TOMMY	757 RANGER BLVD	WINTER PARK FL 32792

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8. Name and Address of Current Registered Agent <b>CULLENS, TOMMY L 757 RANGER BLVD WINTER PARK FL 32792</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Tommy L. Cullens* **SIGNATURE REQUIRED** Date 10-17-00  
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**KE**

SIGNATURE: *Tommy L. Cullens* **SIGNATURE REQUIRED** Date 10-17-00 (407) 671-6071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0013358 AF

*Gail R. Robinson*  
Gail R. Robinson, CFP, EA, ATA, RIA Agent  
Taxpayer Representative