



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90037 010 \*\*\*\*61.25

<b>DOCUMENT # 704050</b>						
1. Entity Name WINTER PARK PINES COMMUNITY ASSOCIATION, INC.						
Principal Place of Business P.O. BOX 5357 WINTER PARK, FL 32793		Mailing Address P.O. BOX 5357 WINTER PARK, FL 32793		40000-		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01032008	Chg-NP	CR2E037 (12/06)
6. Name and Address of Current Registered Agent				4. FEI Number		Applied For
CARRASCO, RICARDO 730 S RANGER BLVD WINTER PARK, FL 32792				59-6211008		Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
CARRASCO, RICARDO 730 S RANGER BLVD WINTER PARK, FL 32792				Name Dennis W. Lenhart		
				Street Address (P.O. Box Number is Not Acceptable) 427 Cornwall Road		
				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		Dennis W. Lenhart		DENNIS W LENHART		Jan. 22, 2008
		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILTON, SALLY		NAME	Dennis W. Lenhart		
STREET ADDRESS	2748 CADY WAY		STREET ADDRESS	427 Cornwall Road		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	Winter Park, FL 32792		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SURA, WILLIAM		NAME			
STREET ADDRESS	624 MONMOUTH WAY		STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARRASCO, RICARDO		NAME	Phil Keller		
STREET ADDRESS	730 S RANGER BLVD		STREET ADDRESS	2674 Fitzhugh Rd		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	Winter Park, FL 32792		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKER, CAROL		NAME			
STREET ADDRESS	2812 CADY WAY		STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	George Saunders		
STREET ADDRESS			STREET ADDRESS	513 Friar Rd		
CITY-ST-ZIP			CITY-ST-ZIP	Winter Park, FL 32792		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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: Dennis W. Lenhart		Dennis W. Lenhart, Treas.		1/22/08		407-678-1073
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #