

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728978 (8)

1. Corporation Name
THOUSAND PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
12845 SW 107 CT. MIAMI FL 33176 12845 SW 107 CT. MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1974 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1708472 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Name CARL J. HOUCK 26. Name CARL J. HOUCK
22. Suite, Apt. #, etc. 13025 S.W. 108 AVE 27. Suite, Apt. #, etc. 13025 S.W. 108 AVE
23. City & State MIAMI FL 28. City & State MIAMI, FL
24. Zip 33176 Country U.S.A. 29. Zip 33176 Country U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KURZBAN, MARVIN
12845 SW 107 CT.
MIAMI FL 33176

10. Name and Address of New Registered Agent
81. Name CARL J. HOUCK
82. Street Address (P.O. Box Number is Not Acceptable) 13025 S.W. 108 AVE.
83.
84. City MIAMI FL 85. Zip Code 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Carl J. Houck* DATE 3-10-95
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	STERN, HOWARD D
STREET ADDRESS	12845 S.W. 107 COURT
CITY-ST-ZIP	MIAMI FL 33176
TITLE	VD
NAME	GURVITZ, RICHARD
STREET ADDRESS	13025 SW 107 COURT
CITY-ST-ZIP	MIAMI FL 33176
TITLE	TD
NAME	HOUCK, CARL
STREET ADDRESS	13025 SW 108TH COURT
CITY-ST-ZIP	MIAMI FL 33176
TITLE	SD
NAME	PEMSLER, BARRY
STREET ADDRESS	13005 S.W. 108TH COURT
CITY-ST-ZIP	MIAMI FL 33176
TITLE	D
NAME	MORGAN, RICHARD
STREET ADDRESS	13104 SW 107 CT
CITY-ST-ZIP	MIAMI FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	MARVIN KURZBAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	12845 S.W. 107 CT
1.3 STREET ADDRESS	MIAMI, FL 33176
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<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	

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)(a), 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 an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3-10-95
DAYTIME PHONE # (305) 256-2819