

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 411370

1. Entity Name
WINTER PINES GOLF CLUB, INC.



Principal Place of Business
950 S. RANGER BLVD.
WINTER PARK, FL 32792

Mailing Address
950 S. RANGER BLVD.
WINTER PARK, FL 32792

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1423012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLIN, JON E.
800 PALM ER AVENUE
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCMILLIN, JON E.
STREET ADDRESS	800 PALM ER AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VP
NAME	MCMILLIN, EDWARD M.
STREET ADDRESS	1000 GENIUS DR.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	S
NAME	MCMILLIN, JEFFREY T.
STREET ADDRESS	5735 GARRIES RD.
CITY-ST-ZIP	ERIE, PA
TITLE	T
NAME	MCMILLIN, JON E.
STREET ADDRESS	1576 KAHKWA CT.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953965
07/10/08-80007-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: Jon McMillin 7/3/08 4076713172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #