


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90278 035 ****61.25

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DOCUMENT # 704050					
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		02282006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-6211008 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TALBERT, DAVID A 2822 LIONHEART RD WINTER PARK, FL 32792-9316				Name RICARDO CARRASCO	
				Street Address (P.O. Box Number is Not Acceptable)	
				730 S. RANGER BLVD.	
				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 <i>Ricardo C. Carrasco</i>		RICARDO C. CARRASCO		DATE 4/10/06	
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, 2006		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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TALBERT, DAVID	NAME	MILTON, SALLY		
STREET ADDRESS	2822 LIONHEART RD.	STREET ADDRESS	274B CADY WAY		
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP	WINTER PARK, FL 32792		
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BONAR, JAMES	NAME	JACQUELINE SCHUTT		
STREET ADDRESS	2805 KINGS DEER RD.	STREET ADDRESS	2854 KINGS DEER ROAD		
CITY-ST-ZIP	WINTER PARK, FL	CITY-ST-ZIP	WINTER PARK, FL 32792		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANTHONY, TAMATHA	NAME	RICARDO CARRASCO		
STREET ADDRESS	2837 SCARLETT RD	STREET ADDRESS	730 S. RANGER BLVD.		
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP	WINTER PARK, FL 32792		
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, MELISSA	NAME			
STREET ADDRESS	2836 BANCHORY ROAD	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP			
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			
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: <i>Sally A. Milton</i>		SALLY A. MILTON		DATE 4/10/06 (407) 949-0848	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	