


**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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6211008	
Zip		Country		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			7. Name and Address of New Registered Agent		
CARRASCO, RICARDO 730 S RANGER BLVD WINTER PARK, FL 32792			Name <u>Dennis W. Lenhart</u> Street Address (P.O. Box Number is Not Acceptable) <u>427 Cornwall Road</u> City <u>Winter Park</u> FL <u>32792</u>		
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 <u>Dennis W. Lenhart</u>		DENNIS W LENHART		DATE <u>Jan. 22, 2008</u>	
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: <u>Dennis W. Lenhart</u>		Dennis W. Lenhart, Treas.		Date <u>1/22/08</u> Daytime Phone # <u>407-678-1073</u>	