

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704050

FILED
Mar 15, 2009
Secretary of State

Entity Name: WINTER PARK PINES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 5357
WINTER PARK, FL 32793

New Principal Place of Business:

427 CORNWALL ROAD
WINTER PARK, FL 32792 48

Current Mailing Address:

P.O. BOX 5357
WINTER PARK, FL 32793

New Mailing Address:

FEI Number: 59-6211008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENHART, DENNIS W
427 CORNWALL RD
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LENHART, DENNIS W
Address: 427 CORNWALL RD
City-St-Zip: WINTER PARK, FL 32792

Title: VPD () Delete
Name: SURA, WILLIAM
Address: 624 MONMOUTH WAY
City-St-Zip: WINTER PARK, FL 32792

Title: PD () Delete
Name: KELLER, PHIL
Address: 2674 FIZHUGH RD
City-St-Zip: WINTER PARK, FL 32792

Title: SD () Delete
Name: PARKER, CAROL
Address: 2812 CADY WAY
City-St-Zip: WINTER PARK, FL 32792

Title: VPD () Delete
Name: SAUNDERS, GEORGE
Address: 513 FRIAR RD
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GURA, WILLIAM
Address: 624 MONMOUTH WAY
City-St-Zip: WINTER PARK, FL 32792

Title: PD (X) Change () Addition
Name: RAY, DAVID
Address: 2717 ABBEY ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: SD (X) Change () Addition
Name: STUART, SCOTT
Address: 333 CORNWALL ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS W. LENHART

TD

03/15/2009

Electronic Signature of Signing Officer or Director

_____ Date