

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 731474 (3)
1. Corporation Name
SEMORAN PINES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
5111 ST CHARLES LANE ORLANDO FL 32822 **5111 ST CHARLES LANE ORLANDO FL 32822**

3. Date Incorporated or Qualified **12/26/1974** 3a. Date of Last Report **06/16/1995**
4. FEI Number **59-1628392** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent **MASTERS, J. WILLIAM II, ATTY. 1500 SOUTH SEMORAN BLVD. ORLANDO FL 32822**
10. Name and Address of New Registered Agent
81 Name **CURRY TAYLOR & CARLS PA**
82 Street Address (P.O. Box Number is Not Acceptable) **1900 SUMMIT TOWER BLVD SUITE 800**
83 City **ORLANDO** 84 State **FL** 85 Zip Code **32810**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE *[Signature]* DATE **6/11/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WHITE, WILLIAM	1.2 NAME	BROCK, WILLIAM
STREET ADDRESS	5141 LAMANCHA CT	1.3 STREET ADDRESS	5753 ST CHRISTOPHER DR
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE	TD	2.1 TITLE	TD
NAME	JOLLEY, SUSAN L	2.2 NAME	KACHINSKI NANCY
STREET ADDRESS	5139 LAMANCHA CT	2.3 STREET ADDRESS	5134 ST CHARLES LN
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE	DS	3.1 TITLE	DS
NAME	FINK, MARLENE	3.2 NAME	GENZMAN GLENN
STREET ADDRESS	5759 ST. CHRISTOPHER DR.	3.3 STREET ADDRESS	5753 ST CHRISTOPHER DR
CITY-ST-ZIP	ORLANDO FL 32822	3.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	600001869906
NAME		5.2 NAME	-06/20/96--01069--023
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		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)(k), 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: *Nancy Kachinski* Date **4-26-96** Daytona Phone **407-438-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)