FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **765911** (3)

1. Corporation Name

WINTER SPRINGS CIVIC ASSOC., INC.

Principal Place of Business	Mailing Address
P O BOX 195332 WINTER SPRINGS FL 32719-5332 US	P O BOX 195332 WINTER SPRINGS FL 32719-5332 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1982	3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-2925950	☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ARTHUR HOFFMAN
1436 MT LAUREL LANE
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	RSD
NAME	LURENE LYZEN
STREET ADDRESS	627 MARNI DRIVE
CITY ST ZIP	WINTER SPRGS. FL
TITLE	PD
NAME	PIZZURRO, ROBERT
STREET ADDRESS	799 NIGHT OWL LANE
CITY ST ZIP	WINTER SPRINGS FL
TITLE	VD
NAME	HOFFMAN, ARTHUR
STREET ADDRESS	1436 MT LAUREL DR
CITY ST ZIP	WINTER SPRINGS FL
TITLE	CSD
NAME	~~BERGMAN, JACK~~
STREET ADDRESS	~~735 WILSON RD~~
CITY ST ZIP	~~WINTER SPRINGS FL~~
TITLE	TD
NAME	FERRING, PATRICIA
STREET ADDRESS	1182 BALTIC LANE
CITY ST ZIP	WINTER SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE	CORRESPING SEC CSD	☒ Change ☐ Addition
4.2 NAME	DELORIS NEWMAN	
4.3 STREET ADDRESS	120 N. EDGEMON AVE	
4.4 CITY ST ZIP	WINTER SPRINGS, FLORIDA 32708	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Patricia Ferring — 4/26/95 — 407 359 8408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PATRICIA FERRING TREASURER

0031099