


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																								
DOCUMENT # 765911 (3) 1. Corporation Name WINTER SPRINGS CIVIC ASSOC., INC.																																																																												
Principal Place of Business P O BOX 195332 WINTER SPRINGS FL 32719-5332 US			Mailing Address P O BOX 195332 WINTER SPRINGS FL 32719-5332 US																																																																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/30/1982 3a. Date of Last Report 02/14/1996 4. FEI Number 59-2925950 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																																												
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">DELETE</td> </tr> <tr> <td></td> <td>RSD LURENE LYZEN</td> <td>627 MARNI DRIVE</td> <td>WINTER SPRGS. FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>PD PIZZURRO, ROBERT</td> <td>665 WYCKLUFFE PLACE</td> <td>WINTER SPRINGS FL</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>VD HOFFMAN, ARTHUR</td> <td>1436 MT LAUREL DR</td> <td>WINTER SPRINGS FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>SEC NEWMAN, DELORIS</td> <td>120 N EDMON AVENUE</td> <td>WINTER SPRINGS FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>TD FERRING, PATRICIA</td> <td>694 BENITAWOOD CT</td> <td>WINTER SPRINGS FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE		RSD LURENE LYZEN	627 MARNI DRIVE	WINTER SPRGS. FL	<input type="checkbox"/>		PD PIZZURRO, ROBERT	665 WYCKLUFFE PLACE	WINTER SPRINGS FL	<input checked="" type="checkbox"/>		VD HOFFMAN, ARTHUR	1436 MT LAUREL DR	WINTER SPRINGS FL	<input type="checkbox"/>		SEC NEWMAN, DELORIS	120 N EDMON AVENUE	WINTER SPRINGS FL	<input type="checkbox"/>		TD FERRING, PATRICIA	694 BENITAWOOD CT	WINTER SPRINGS FL	<input type="checkbox"/>					<input type="checkbox"/>	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 40%;">1.2 NAME</td> <td style="width: 10%;">1.3 STREET ADDRESS</td> <td style="width: 10%;">1.4 CITY-ST-ZIP</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td></td> <td>PD CINDY KAEHLER</td> <td>9 NORTH EDMON AVE</td> <td>WINTER SPRINGS</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>VD HOFFMAN, ARTHUR</td> <td>1436 MT LAUREL DR</td> <td>WINTER SPRINGS</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>SEC ARTMAN, GIL</td> <td>672 SILVER CREEK DR.</td> <td>WINTER SPRINGS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>TD HOFFMAN, ELEANOR</td> <td>1436 MT LAUREL DR</td> <td>WINTER SPRINGS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition		PD CINDY KAEHLER	9 NORTH EDMON AVE	WINTER SPRINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		VD HOFFMAN, ARTHUR	1436 MT LAUREL DR	WINTER SPRINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		SEC ARTMAN, GIL	672 SILVER CREEK DR.	WINTER SPRINGS	<input type="checkbox"/>	<input type="checkbox"/>		TD HOFFMAN, ELEANOR	1436 MT LAUREL DR	WINTER SPRINGS	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Arthur H. Hoffmann</u> <u>APRIL 15, 1997</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0013348																																																																												

CR2E037 (9/96)