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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified

**11/30/1982**

4. FEI Number

**59-2925950**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **25 SEMINOLE**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARTHUR HOFFMANN**  
**1436 MT LAUREL LANE**  
**WINTER SPRINGS FL 32708**

← CORRECT  
SPELLING OF  
LAST NAME

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

**Arthur H. Hoffmann** Treasurer **Arthur Hoffmann** Jan 20, 1998

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **RSD** ☒ DELETE  
NAME **LURENE LYZEN**  
STREET ADDRESS **627 MARNI DRIVE**  
CITY-ST-ZIP **WINTER SPRGS. FL**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **PRESIDENT**  
1.3 STREET ADDRESS **FERRING, JOHN**  
1.4 CITY-ST-ZIP **694 BENITAWOOD CT.**  
**WINTER SPRINGS, FL 32708**

TITLE **PD** ☒ DELETE  
NAME **KAehler, CINDY**  
STREET ADDRESS **9 NORTH EDMON AVE**  
CITY-ST-ZIP **WINTER SPRINGS FL**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **VICE-PRESIDENT**  
2.3 STREET ADDRESS **KAehler, CINDY**  
2.4 CITY-ST-ZIP **9 NORTH EDMON AVE**  
**WINTER SPRINGS, FL 32708**

TITLE **VD** ☒ DELETE  
NAME **HOFFMANN, ARTHUR**  
STREET ADDRESS **1436 MT LAUREL DR**  
CITY-ST-ZIP **WINTER SPRINGS FL**

3.1 TITLE **2VD** ☒ Change ☐ Addition  
3.2 NAME **2ND VICE-PRES.**  
3.3 STREET ADDRESS **ARTMAN, GIL**  
3.4 CITY-ST-ZIP **672 SILVER CREEK DR.**  
**WINTER SPRINGS, FL 32708**

TITLE **SEC** ☒ DELETE  
NAME **NEWMAN, DELORIS**  
STREET ADDRESS **120 N EDMON AVENUE**  
CITY-ST-ZIP **WINTER SPRINGS FL**

4.1 TITLE **RSD** ☒ Change ☐ Addition  
4.2 NAME **RECORDING SECRETARY**  
4.3 STREET ADDRESS **LYZEN, LURENE**  
4.4 CITY-ST-ZIP **627 MARNI DR.**  
**WINTER SPRINGS, FL 32708**

TITLE **TD** ☒ DELETE  
NAME **FERRING, PATRICIA**  
STREET ADDRESS **694 BENITAWOOD CT**  
CITY-ST-ZIP **WINTER SPRINGS FL**

5.1 TITLE **TD** ☒ Change ☐ Addition  
5.2 NAME **TREASURER**  
5.3 STREET ADDRESS **HOFFMANN, ARTHUR**  
5.4 CITY-ST-ZIP **1436 MT LAUREL DR.**  
**WINTER SPRINGS, FL 32708**

TITLE **TD** ☒ DELETE  
NAME **HOFFMANN, ELEANOR**  
STREET ADDRESS **1436 MT LAUREL DR**  
CITY-ST-ZIP **WINTER SPRINGS FL**

6.1 TITLE **CSD** ☒ Change ☐ Addition  
6.2 NAME **CORRESPONDING SECRETARY**  
6.3 STREET ADDRESS **FERRING, PATRICIA**  
6.4 CITY-ST-ZIP **694 BENITAWOOD CT.**  
**WINTER SPRINGS, FL 32708**

14. I 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:

**Arthur H. Hoffmann** **Arthur H. Hoffmann** (407) Jan 20, 1998 365-8766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)