

DOCUMENT # 765911

1. Entity Name

WINTER SPRINGS CIVIC ASSOC., INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90050 046 ****61.25



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2925950

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTHUR HOFFMANN
1436 MT LAUREL LANE
WINTER SPRINGS FL 32708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Arthur H. Hoffmann

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 3, 2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FERRING, JOHN
STREET ADDRESS 694 BENITAWOOD CT.
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME KREBS, JOANNE
STREET ADDRESS 1002 TAPROOT DR
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HOFFMANN, ARTHUR
STREET ADDRESS 1436 MT LAUREL DR
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 2VD ☐ Delete
NAME ~~ARTMAN, GIL~~
STREET ADDRESS ~~672 SILVER CREEK DR.~~
CITY-ST-ZIP ~~WINTER SPRINGS FL 32708~~

TITLE ☒ Change ☐ Addition
NAME 2VD GROGAN, RICHARD
STREET ADDRESS 697 ABERDEEN LANE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE CSD ☐ Delete
NAME FERRING, PATRICIA
STREET ADDRESS 694 BENITAWOOD CT
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE RSD ☐ Delete
NAME LYZEN, LURENE
STREET ADDRESS 627 MARNI DR.
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Arthur H. Hoffmann

Date

April 3, 2000

Daytime Phone #

407-365-8766

CR2E037 (9/99)