

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -3 AM 9:15

DOCUMENT # N23426 (2)
SEMINOLE PINES PARK HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Previous Place of Business		Mailing Address	
% W. RICHARD THOREEN 915 W. STATE ROAD 438 ALTAMONTE SPRINGS FL 32714 116 E. Altamonte Dr., Suite 210 Altamonte Springs, FL 32701		% W. RICHARD THOREEN 915 W. STATE ROAD 438 ALTAMONTE SPRINGS FL 32714 116 E. Altamonte Dr., Suite 210 Altamonte Springs, FL 32701	
21	116 E. Altamonte Dr.	26	116 E. Altamonte Dr.
22	Suite 210	27	Suite 210
23	Altamonte Springs FL	28	Altamonte Springs
24	32701	29	32701
25	Seminole	30	Seminole

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified	3a Date of Last Report
11/12/1987	05/01/1994
4 FEI Number	Approved For (Not Applicable)
59-2760670	
5 Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6 Certificate of Status Desired	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7 Nonprofit with IRS 501(c)(3) Tax Exempt Status	FILING FEE IS \$61.25
<input type="checkbox"/>	
8 This corporation has liability for interstate tax under 1995 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9 Name and Address of Current Registered Agent				10 Name and Address of New Registered Agent			
THOREEN, W. RICHARD 915 W. STATE ROAD 438 SUITE 200 116 E. Altamonte Dr, Ste 210 Altamonte Springs, FL 32701 ALTAMONTE SPRINGS FL 32714				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			

I, President of the provisions of Sections 617.0502 and 617.0503, 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. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 617.0503, Florida Statutes.

SIGNATURE: *W. Richard Thoreen* 6/2/95

12 OFFICERS AND DIRECTORS				13			
12a	12b	12c	12d	13a	13b	13c	13d
PO	NUSSEITEL, PAUL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	11 NAME			
1086 RABBIT TRAIL	1086 RABBIT TRAIL	11 STREET ADDRESS		11 STREET ADDRESS			
WINTER SPRINGS FL	WINTER SPRINGS FL	11 CITY STATE		11 CITY STATE			
VD	WILLIAMS, DUANE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	21 NAME			
1086 APACHE TRAIL	1086 APACHE TRAIL	21 STREET ADDRESS		21 STREET ADDRESS			
WINTER SPRINGS FL	WINTER SPRINGS FL	21 CITY STATE		21 CITY STATE			
SD	BRUNELLI, TED	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	31 NAME			
305 Mohawk TRAIL	305 Mohawk TRAIL	31 STREET ADDRESS		31 STREET ADDRESS			
WINTER SPRINGS FL 32708	WINTER SPRINGS FL 32708	31 CITY STATE		31 CITY STATE			
TD	GRAY, John	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	41 NAME			
308 PALMEE TRAIL	308 PALMEE TRAIL	41 STREET ADDRESS		41 STREET ADDRESS			
WINTER SPRINGS FL 32708	WINTER SPRINGS FL 32708	41 CITY STATE		41 CITY STATE			
D	CONNELL, JOHN	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	51 NAME			
326 MOHWAK TRAIL	326 MOHWAK TRAIL	51 STREET ADDRESS		51 STREET ADDRESS			
WINTER SPRINGS FL	WINTER SPRINGS FL	51 CITY STATE		51 CITY STATE			
D	BEECHER, JOHN	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	61 NAME			
312 ARAPAHO TRAIL	312 ARAPAHO TRAIL	61 STREET ADDRESS		61 STREET ADDRESS			
WINTER SPRINGS FL	WINTER SPRINGS FL	61 CITY STATE		61 CITY STATE			

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 617.0503, Florida Statutes. I believe that the information included on this annual report or supplemental annual report is true and accurate and that my registration shall have the same legal effect as if my certificate had been filed on or before the date of the corporation's first meeting or the next meeting thereafter. I am a director of the corporation or the person or persons empowered to file this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE: *JOHN GRAY* 6/2/95 327-6192

CR2E037 (3/95)