

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N23426 (2)

1. Corporation Name
SEMINOLE PINES PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
116 E ALTAMONTE DRIVE SUITE 210 ALTAMONTE SPRINGS FL 32701 US	116 E ALTAMONTE DRIVE SUITE 210 ALTAMONTE SPRINGS FL 32701 US

3. Date Incorporated or Qualified 11/12/1987	3a. Date of Last Report 07/03/1995
4. FEI Number 59-2760670	Applied For Not Applicable
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	

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	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THOREEN, W. RICHARD 116 E ALTAMONTE DRIVE, SUITE 210 SUITE 280 ALTAMONTE SPRINGS FL 32701		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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSBEITEL, PAUL	1.2 NAME	Brunelli, Ted
STREET ADDRESS	1086 APACHE TRAIL	1.3 STREET ADDRESS	305 Mohawk Trail
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, DUANE	2.2 NAME	Dudra, Steve
STREET ADDRESS	1086 APACHE TRAIL	2.3 STREET ADDRESS	1094 Cheyenne Trail
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNELL, TED	3.2 NAME	Krummenacker, Shari
STREET ADDRESS	305 MEBRAK TRAIL	3.3 STREET ADDRESS	313 Mohawk Trail
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, JOHN	4.2 NAME	Gray, John
STREET ADDRESS	308 PAWNEED TRAIL	4.3 STREET ADDRESS	308 Pawnee Trail
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNELL, JOHN	5.2 NAME	Barone, Fred
STREET ADDRESS	326 MOHWAK TRAIL	5.3 STREET ADDRESS	339 Mohawk Trail
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEECHER, JOHN	6.2 NAME	Willey, Frank
STREET ADDRESS	312 ARAPAHO TRAIL	6.3 STREET ADDRESS	347 Mohawk Trail
CITY-ST-ZIP	WINTER SPRINGS FL	6.4 CITY-ST-ZIP	Winter Springs, FL 32708

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: Shari Krummenacker Date: 3/15/96 Daytime Phone #: (407) 767-0200

CR2E037 (12/95)