

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 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 # 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 32701-4328 US

3. Date Incorporated or Qualified 11/12/1987  
3a. Date of Last Report 03/27/1996  
4. FEI Number 59-2760670 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
THOREEN, W. RICHARD  
116 E ALTAMONTE DRIVE, SUITE 210  
SUITE 280  
ALTAMONTE SPRINGS FL 32701

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		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRUNELLI, TED	
STREET ADDRESS	305 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DUDRA, STEVE	
STREET ADDRESS	1094 CHEYENNE TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRUNELL, TED	
STREET ADDRESS	305 MEBRAK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRAY, JOHN	
STREET ADDRESS	308 PAWNEED TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARONE, FRED	
STREET ADDRESS	339 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLEY, FRANK	
STREET ADDRESS	347 MOHAWK TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen DUDRA	
1.3 STREET ADDRESS	1094 Cheyenne Trail	
1.4 CITY-ST-ZIP	Winter Springs, FL. 32708	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRED BARONE	
2.3 STREET ADDRESS	339 MOHAWK TRAIL	
2.4 CITY-ST-ZIP	Winter Springs, FL. 32708	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fred Barone	
3.3 STREET ADDRESS	339 Mohawk Trail	
3.4 CITY-ST-ZIP	Winter Springs, FL. 32708	
4.1 TITLE	ID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John Gray	
4.3 STREET ADDRESS	308 Pawnee Trail	
4.4 CITY-ST-ZIP	Winter Springs, FL. 32708	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John Becher	
5.3 STREET ADDRESS	312 Arapaho Trail	
5.4 CITY-ST-ZIP	Winter Springs, FL. 32708	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Claire Hopkins	
6.3 STREET ADDRESS	326 Arapaho Trail	
6.4 CITY-ST-ZIP	Winter Springs, FL. 32708	

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: Fred J. Barone (FRED J. BARONE) 1-407-327-2552  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0012576

CR2E037 (9/96)