

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **325426** (5)  
1. Corporation Name  
**SEMINOLE GARDENS APARTMENT NO 17-F, INC.**



Principal Place of Business: **8330 112TH ST. N. SEMINOLE FL 34642**  
Mailing Address: **8330 112TH ST. N. SEMINOLE FL 34642**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **01/19/1968**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **59-1235140**  
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

9. Name and Address of Current Registered Agent  
**CASTLES, ROBERT G  
8330 112TH ST N  
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1376, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SWEGO, FRED</b>	
STREET ADDRESS	<b>8330 112 ST N</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 00000</b>	
TITLE	<b>ASAT</b>	<input type="checkbox"/> DELETE
NAME	<b>ARNOLD LJA</b>	
STREET ADDRESS	<b>8330 112 ST N</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MOCZ, ALEX</b>	
STREET ADDRESS	<b>8330 112 ST N</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 00000</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GYGAX, DONALD</b>	
STREET ADDRESS	<b>8330 112 ST N</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 00000</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>ZUMSTEG, MARJORIE</b>	
STREET ADDRESS	<b>8330 112 ST N</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY-ST-ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-ST-ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY-ST-ZIP	

*Dorothy Reese*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and qualify for the exemption state in Section 119.02(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3/11/96** (813) 393-7502

CR2E034 (12/95)