


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90068 047 ***150.00

DOCUMENT # 325426

1. Entity Name
SEMINOLE GARDENS APARTMENT NO 17-F, INC.



Principal Place of Business Mailing Address

**8330 112TH ST. N.
 SEMINOLE, FL 33772 US** **8330 112TH ST. N.
 SEMINOLE, FL 33772 US**


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03272008 Chg-P CR2E034 (12/06)



4. FEI Number Applied For

59-1235140 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEACOCK, TOMMAY T PRES
 8330 112TH ST N
 SEMINOLE, FL 33772**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Tommy T Peacock* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	1VP	<input type="checkbox"/> Delete
NAME	RUBIN, SHIELA	
STREET ADDRESS	8330 112 ST N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	AST	<input type="checkbox"/> Delete
NAME	GEESEY, ELEANOR	
STREET ADDRESS	8330 112 ST N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	HORN, STEPHEN	
STREET ADDRESS	8330 112 ST N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	REESE, DOROTHY	
STREET ADDRESS	8330 112 ST N	
CITY-ST-ZIP	SEMINOLE, FL, FL 33772	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRAUNSTEIN, CYNTHIA	
STREET ADDRESS	8330 112TH ST. N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: *Dorothy H Reese* 4-8-08 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #