

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **719368** (3)  
1. Corporation Name  
**SEMINOLE-ON-THE-GREEN, CAVALIER BUILDING ONE ASSOCIATION, INC.**



Principal Place of Business: 8950 PARK BOULEVARD APT 110 SEMINOLE FL 34647  
Mailing Address: 8950 PARK BOULEVARD APT 110 SEMINOLE FL 34647

3. Date Incorporated or Qualified: 09/22/1970  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1674716  
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: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: KRUPA, TOM 8950 PARK BLVD #305 SEMINOLE FL 34647  
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 State: 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: Tom Krupa, TRES 1/22/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: ZIMMERMAN, DIANNE L. STREET ADDRESS: 8950 PARK BLVD., #104 CITY-ST-ZIP: SEMINOLE FL	<input type="checkbox"/> DELETE	11 TITLE: SD 12 NAME: PATRICIA BARTELL 13 STREET ADDRESS: 8950 PARK BLVD # 401 14 CITY-ST-ZIP: SEMINOLE, FL 34647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: MCGILL, TERRY STREET ADDRESS: 9050 PARK BLVD. 503 CITY-ST-ZIP: SEMINOLE FL	<input checked="" type="checkbox"/> DELETE	21 TITLE: D 22 NAME: PHILIP LE CORNU 23 STREET ADDRESS: 8950 PARK BLVD # 602 24 CITY-ST-ZIP: SEMINOLE, FL, 34647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: KRUPA, TOM STREET ADDRESS: 8950 PARK BLVD #305 CITY-ST-ZIP: SEMINOLE FL	<input type="checkbox"/> DELETE	31 TITLE: D 32 NAME: LEONARD ZIMMERMAN 33 STREET ADDRESS: 8950 PARK BLVD # 608 34 CITY-ST-ZIP: SEMINOLE, FL 34647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: RADEBAUGH, ELLA STREET ADDRESS: 8950 PARK BLVD., #309 CITY-ST-ZIP: SEMINOLE FL	<input type="checkbox"/> DELETE	41 TITLE: VPD 42 NAME: >SAME 43 STREET ADDRESS: 44 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MCNUTT, JOHN STREET ADDRESS: 8950 PARK BLVD #309 CITY-ST-ZIP: SEMINOLE FL	<input type="checkbox"/> DELETE	51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WAGGETT, RALPH STREET ADDRESS: 8950 PARK BLVD #504 CITY-ST-ZIP: SEMINOLE FL	<input checked="" type="checkbox"/> DELETE	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tom Krupa, TRES 1/22/96 813-393-5573  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)