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May 20 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 # 719368 (3)

1. Corporation Name

SEMINOLE-ON-THE-GREEN, CAVALIER BUILDING ONE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8950 PARK BOULEVARD  
APT 110  
SEMINOLE FL 34847-33777

8950 PARK BOULEVARD  
APT 110  
SEMINOLE FL 33777-4122

3. Date Incorporated or Qualified  
08/22/1970

3a. Date of Last Report  
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
59-1674716

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRUPA, TOM  
8950 PARK BLVD #305  
SEMINOLE FL 34847-33777

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

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	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMERMAN, DIANNE L.	
STREET ADDRESS	8950 PARK BLVD., #104	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BARTELL, PATRICIA	
STREET ADDRESS	8950 PARK BLVD #401	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRUPA, TOM	
STREET ADDRESS	8950 PARK BLVD #305	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RADEBAUGH, ELLA	
STREET ADDRESS	8950 PARK BLVD., #309	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCNUTT, JOHN	
STREET ADDRESS	8950 PARK BLVD #309	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LECORNU, PHILIP	
STREET ADDRESS	8950 PARK BLVD #802	
CITY-ST-ZIP	SEMINOLE FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOANNE DAGGY	
1.3 STREET ADDRESS	8950 PARK BLVD #103	
1.4 CITY-ST-ZIP	SEMINOLE, FL 33777	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RALPH WAGGETT	
2.3 STREET ADDRESS	8950 PARK BLVD #504	
2.4 CITY-ST-ZIP	SEMINOLE, FL 33777	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARIAN L. MOYE	
3.3 STREET ADDRESS	8950 PARK BLVD #105	
3.4 CITY-ST-ZIP	SEMINOLE, FL 33777	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LEONARD LEONARD ZIMMERMAN	
4.3 STREET ADDRESS	8950 PARK BLVD #608	
4.4 CITY-ST-ZIP	SEMINOLE, FL 33777	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRED NAVARRE	
5.3 STREET ADDRESS	8950 PARK BLVD #505	
5.4 CITY-ST-ZIP	SEMINOLE, FL 33777	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: TOM KRUPA SECRETARY, TREAS. 1-6-97 393-5573  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051967

CR2E037 (9/96)