

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33777 US	Mailing Address 8950 PARK BOULEVARD APT 110 SEMINOLE FL 34647
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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
24	29 30

3. Date Incorporated or Qualified 09/22/1970	
4. FEI Number 59-1674716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	



9. Name and Address of Current Registered Agent

**KRUPA, TOM
8950 PARK BLVD #305
SEMINOLE FL 33777**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DAGGY, JOANNE	1.1 TITLE	SD CAVENDER, WAYNE
NAME	8950 PARK BLVD #103	1.2 NAME	327 34th AVE. N. # 205
STREET ADDRESS	SEMINOLE FL	1.3 STREET ADDRESS	ST PETERSBURG, FL 33704-1340
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VPD WAGGETT, RALPH	2.1 TITLE	D RADEBAUGH, ELLA
NAME	8950 PARK BLVD #504	2.2 NAME	8950 PARK BLVD. # 309
STREET ADDRESS	SEMINOLE FL	2.3 STREET ADDRESS	SEMINOLE, FL 33777-4122
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD MOYE, MARIAN L	3.1 TITLE	TD KRUPA, TOM
NAME	8950 PARK BLVD #105	3.2 NAME	8950 PARK BLVD # 305
STREET ADDRESS	SEMINOLE FL	3.3 STREET ADDRESS	SEMINOLE, FL 33777-4122
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ZIMMERMAN, LEONARD	4.1 TITLE	
NAME	8950 PARK BLVD #808	4.2 NAME	
STREET ADDRESS	SEMINOLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D NAVARRE, FRED	5.1 TITLE	
NAME	8950 PARK BLVD #505	5.2 NAME	
STREET ADDRESS	SEMINOLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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14. I 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 (Tom) KRUPA 1/26/98 813-393-5573

CFR2037 (10/97)