


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90003 050 ****61.25

DOCUMENT # 719368

1. Entity 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 33777 US**

54064551



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1674716 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**KRUPA, TOM
 8950 PARK BLVD #305
 SEMINOLE, FL 33777**

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

Filing Fee is \$61.25 Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	BERNARD, PHIL <input checked="" type="checkbox"/> Delete	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNARD, PHIL	NAME	JO ANN DAGGY
STREET ADDRESS	8950 PARK BLVD #103	STREET ADDRESS	8950 PARK BLVD #103
CITY-ST-ZIP	SEMINOLE, FL 33777	CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	ST <input type="checkbox"/> Delete	TITLE	
NAME	KRUPA, TOM	NAME	
STREET ADDRESS	8950 PARK BLVD #305	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 337774122	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	LEWIS, RICHARD	NAME	
STREET ADDRESS	8950 PARK BLVD #105	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33777	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, LEONARD	NAME	GEORGE HOOKER
STREET ADDRESS	8950 PARK BLVD #608	STREET ADDRESS	8950 PARK BLVD #206
CITY-ST-ZIP	SEMINOLE, FL	CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	NAVARRE, FRED	NAME	
STREET ADDRESS	8950 PARK BLVD #505	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBEY, ROBERT	NAME	RALPH WAGGETT
STREET ADDRESS	8950 PARK BLVD #201	STREET ADDRESS	8950 PARK BLVD #504
CITY-ST-ZIP	SEMINOLE, FL 33777	CITY-ST-ZIP	SEMINOLE, FL 33777

12. 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 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 617, 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: Tom Krupa s/t Tom Krupa **7/14/04** **727-319-8290**

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