

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **725335** (4)
1. Corporation Name
SEMINOLE LANDING ASSOCIATION, INC.



Principal Place of Business: 2000 PGA BLVD. SUITE 2204 N. PALM BEACH FL 33408
Mailing Address: 2000 PGA BLVD. SUITE 2204 N. PALM BEACH FL 33408

3. Date Incorporated or Qualified: 01/22/1973
3a. Date of Last Report: 08/17/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-1593838	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEARCY, CHRISTIAN D. 12346 RIDGE RD N. PALM BEACH FL 33408				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENK, CARL	1.2 NAME	
STREET ADDRESS	12345 RIDGE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL 33408	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICKSON, IVAN C.	2.2 NAME	
STREET ADDRESS	12414 INDIAN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL 33408	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARCY, CHRISTIAN	3.2 NAME	
STREET ADDRESS	12346 RIDGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREUSLER, JANE	4.2 NAME	
STREET ADDRESS	12388 INDIAN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLMEYER, JAMES	5.2 NAME	
STREET ADDRESS	12383 PLANTATION LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL 33408	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, JUSTUS	6.2 NAME	
STREET ADDRESS	12297 PLANTATION LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL 33408	6.4 CITY-ST-ZIP	

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 in 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5/15/96 Daytime Phone #: 407 627 7720

CR2E037 (12/95)