

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725335

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90190 043 ****61.25

1. Entity Name
SEMINOLE LANDING ASSOCIATION, INC.

Principal Place of Business
 275 TONEY PENNA DR
 STE 7
 JUPITER FL 33458
 US

Mailing Address
 275 TONEY PENNA DR
 STE 7
 JUPITER FL 33458-5752
 US



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **59-1593838**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SUNRISE MANAGEMENT COMPANY
 275 TONEY PENNA DR
 STE 7
 JUPITER FL 33458

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.

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

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

FILE NOW: FEE IS \$61.25

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHENK, CARL		NAME PURNELL, George	
STREET ADDRESS 12345 RIDGE RD.		STREET ADDRESS 12329 Old Channel Dr.	
CITY-ST-ZIP N PALM BCH FL 33408		CITY-ST-ZIP NPB, FL 33408	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREDRICKSON		NAME LONG, Keith	
STREET ADDRESS FREDERICKS, TUCKER	<i>chg. last name</i>	STREET ADDRESS 12444 Ridge Rd.	
CITY-ST-ZIP 12414 INDIAN RD		CITY-ST-ZIP NPB, FL 33408	
CITY-ST-ZIP N. PALM BEACH FL 33408			
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEARCY, CHRISTIAN		NAME	
STREET ADDRESS 12346 RIDGE RD		STREET ADDRESS	
CITY-ST-ZIP N PALM BCH FL		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MERIN, SUSIE		NAME	
STREET ADDRESS 12347 PLANTATION LN		STREET ADDRESS	
CITY-ST-ZIP N. PALM BEACH FL 33408		CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROONEY, JAMES		NAME	
STREET ADDRESS 12351 OLD CHANNEL DR		STREET ADDRESS	
CITY-ST-ZIP N. PALM BEACH FL 33408		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REID		NAME	
STREET ADDRESS BEED, JUSTUS	<i>chg. last name</i>	STREET ADDRESS	
CITY-ST-ZIP 12297 PLANTATION LANE		CITY-ST-ZIP	
CITY-ST-ZIP N. PALM BEACH FL 33408			

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: Carl Schenk **CARL SCHENK** 4/17/2000 561 624 2821
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)