


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90092 041 ****61.25

DOCUMENT # 725335					
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 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01252007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1593838	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUNRISE MANAGEMENT COMPANY 275 TONEY PENNA DR STE 7 JUPITER, FL 33458			Name ACMP, INC.		
			Street Address (P.O. Box Number is Not Acceptable)		
			267 SEABREEZE CIRCLE		
			City Jupiter		FL Zip Code 33477
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 <i>Larry E. Daly</i> LARRY E. DALY / AGENT DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007 <input type="checkbox"/> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	SD FREDERICKSON, TUCKER 12414 INDIAN RD N. PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SABINA COWIE 12474 INDIAN RD NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEARCY, CHRISTIAN 12846 RIDGE RD NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMS, JOHN 12358 RIDGE ROAD NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDERICKSON, TUCKER 12414 INDIAN RD NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOE DOAN 12263 INDIAN RD. NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'LEARY, BILL 12350 PLANTATION LN NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERIN, SUSY 12347 PLANTATION LN NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Sabina Cowie</i>			Date: 4/3/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		