
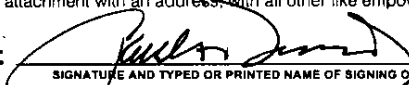


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90094 019 \*\*\*\*61.25

<b>DOCUMENT # 725335</b>					
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		4. FEI Number 59-1593838	
Zip		Country		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		
ACMP, INC 267 SEABREEZE CIRCLE JUPITER, FL 33477			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COWIE, SABINA		NAME	DESARNO, PAUL	
STREET ADDRESS	12474 INDIAN RD		STREET ADDRESS	12404 INDIAN RD	
CITY-ST-ZIP	N. PALM BEACH, FL 33408		CITY-ST-ZIP	N. PALM BEACH, FL 33408	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEARCY, CHRISTIAN		NAME	SANGLER, MICHAEL	
STREET ADDRESS	12846 RIDGE RD		STREET ADDRESS	12311 RIDGE RD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	N. PALM BEACH, FL 33408	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICKSON, TUCKER		NAME	MANUSOS, STAV	
STREET ADDRESS	12414 INDIAN RD		STREET ADDRESS	12420 PLANTATION LANE	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	N. PALM BEACH, FL 33408	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAMS, JOHN		NAME	PURCELL, Sheryl	
STREET ADDRESS	12358 RIDGE ROAD		STREET ADDRESS	1415 US HIGHWAY ONE #310	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOAN, JOE		NAME		
STREET ADDRESS	12263 INDIAN RD		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>				PAUL F. DESARNO	
				4/1/08 561-799-1889	
				Date Daytime Phone #	