2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725335

FILED Mar 13, 2009 Secretary of State

Entity Name: SEMINOLE LANDING ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
275 TONEY PENNA DR STE 7 JUPITER, FL 33458 US				3918 VIA POINCIANA DR SUITE 9 LAKE WORTH, FL 33467			
Current Mailing Address:				New Mailing Address:			
275 TONEY PENNA DR STE 7 JUPITER, FL 33458 US				3918 VIA POINCIANA DR SUITE 9 LAKE WORTH, FL 33467			
FEI Number:	59-1593838	FEI Number Applied For ()	FEI Nun	nber Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:		Name and	Address of	f New Registered Agent:	
ACMP, INC 267 SEABREEZE CIRCLE JUPITER, FL 33477 US				CAMPBELL PROPERTY MANAGEMENT 3918 VIA POINCIANA DR SUITE 9 LAKE WORTH, FL 33467 US			
The above in the State		submits this statement for the p	ourpose o	f changing i	its registered	d office or registered agent, or both,	
SIGNATURE: CAMPBELL PROPERTY MANAGEMENT						03/13/2009	
	Electro	nic Signature of Registered Age	ent			Date	
OFFICERS	AND DIREC	TORS:		ADDITION	NS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DESHAUN, PA 12404 INDIAN			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SANGER, MIC 12311 RIDGE			Title: Name: Address: City-St-Zip:	SANGER, MI 12311 RIDG		
Title: Name: Address: City-St-Zip:	T () Delete MANUOS, STAN 12420 PLANTATION LANE : NORTH PALM BEACH, FL 33408			Title: () Change () Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	D () Delete ABRAMS, JOHN 12358 RIDGE ROAD NORTH PALM BEACH, FL 33408			Title: () Change () Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	PURCELL, SH	HWAY ONE #310		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL DESMOND PRES 03/13/2009