

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90033 014 ****61.25

2810010

DOCUMENT # 725335

1. Entity Name
SEMINOLE LANDING ASSOCIATION, INC.



Principal Place of Business Mailing Address

**275 TONEY PENNA DR
STE 7
JUPITER FL 33458
US**

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STE 7
JUPITER FL 33458
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	FREDERICKSON, TUCKER	
STREET ADDRESS	12414 INDIAN RD	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEARCY, CHRISTIAN	
STREET ADDRESS	12346 RIDGE RD	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MERIN, SUSIE	
STREET ADDRESS	12347 PLANTATION LN	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	PURNELL, GEORGE	
STREET ADDRESS	12329 OLD CHANNEL DR	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	T	<input type="checkbox"/> Delete
NAME	LONG, KEITH	
STREET ADDRESS	12444 RIDGE ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **TUCKER FREDERICKSON** Date: **4-7-03** Digitized Phone #: **561-575-7792**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)