

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **744196** (7)
1. Corporation Name
SEMINOLE WOODS COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O TODD, COLEMAN & COMPANY
P.O. BOX 1431
ORLANDO FL 32802
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/06/1978** 3a. Date of Last Report **03/08/1994**
4. FEI Number **59-2613572** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TODD, COLEMAN & COMPANY, P. A.
320 EAST SOUTH ST.
STE 100
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALLEN, TED 1172 APACHE DRIVE GENEVA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEVENSON, STEVE 500 SEMINOLE WOODS BLVD GENEVA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEBAUER, KAREN 486 SEMINOLE WOODS BLVD GENEVA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALFORD, JIM 1412 CHIPPEWA LANE GENEVA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, RONALD 486 VALLEY STREAM DRIVE GENEVA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLEMAN, ROGER 592 VALLEY STREAM DRIVE GENEVA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEVENSON, STEVE 500 SEMINOLE WOODS BLVD GENEVA, FL 32732
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALLEN, TED 1172 APACHE DRIVE GENEVA, FL 32732
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition GEBAUER, KAREN 486 SEMINOLE WOODS BLVD GENEVA, FL 32732
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALFORD, JIM 1412 CHIPPEWA LANE GENEVA, FL 32732
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition SMITH, RONALD 486 VALLEY STREAM DRIVE GENEVA, FL 32732
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	NONE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ROGER B. COLEMAN 3/2/95 407-246-1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #