

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **09/06/1978** 3a. Date of Last Report **03/09/1995**
4. FEI Number **59-2613572** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **900 Winderley Place** 26 **900 Winderley Place**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 105** 27 **Suite 105**
City & State City & State
23 **Maitland, Florida** 28 **Maitland, Florida**
Zip Country Zip Country
24 **32751** 25 **32751** 29 **32751** 30 **32751**

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 **Randolph Swain Tallent & Whitehead LLP**
82 Street Address (P.O. Box Number is Not Acceptable)
900 Winderley Place, Suite 105
83
84 City **Maitland** FL 85 Zip Code **32751**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Roger B. Coleman **ROGER B. COLEMAN**

1-26-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, TED	1.2 NAME	
STREET ADDRESS	1172 APACHE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, STEVE	2.2 NAME	
STREET ADDRESS	500 SEMINOLE WOODS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBAUER, KAREN	3.2 NAME	
STREET ADDRESS	486 SEMINOLE WOODS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	3.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFORD, JIM	4.2 NAME	Hollenbeck, Cynthia
STREET ADDRESS	1412 CHIPPEWA LANE	4.3 STREET ADDRESS	875 Pine Hill Boulevard
CITY-ST-ZIP	GENEVA FL	4.4 CITY-ST-ZIP	Geneva, Florida 32732
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RONALD	5.2 NAME	Gates, Randall
STREET ADDRESS	486 VALLEY STREAM DRIVE	5.3 STREET ADDRESS	323 S. Park Avenue
CITY-ST-ZIP	GENEVA FL	5.4 CITY-ST-ZIP	Winter Park, Florida 32789
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, ROGER	6.2 NAME	
STREET ADDRESS	592 VALLEY STREAM DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	6.4 CITY-ST-ZIP	

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)(k), 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 **ROGER B. COLEMAN**

1-26-96

407-660-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)