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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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



Principal Place of Business  
800 WINDERLEY PLACE  
SUITE 105  
MAITLAND FL 32751  
US

Mailing Address  
900 WINDERLEY PLACE  
SUITE 105  
MAITLAND FL 32751-7229  
US

3. Date Incorporated or Qualified 09/06/1978  
3a. Date of Last Report 02/05/1996  
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  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip Country  
24 25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

9. Name and Address of Current Registered Agent  
COLEMAN, ROGER  
% RANDOLPH, SWAIN, TALLENT & WHITEHEAD  
900 WINDERLEY PLACE, SUITE 105  
MAITLAND FL 32751

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

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ALLEN, TED	
STREET ADDRESS	1172 APACHE DRIVE	
CITY-ST-ZIP	GENEVA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	STEVENSON, STEVE	
STREET ADDRESS	500 SEMINOLE WOODS BLVD	
CITY-ST-ZIP	GENEVA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GEBAUER, KAREN	
STREET ADDRESS	486 SEMINOLE WOODS BLVD	
CITY-ST-ZIP	GENEVA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOLLENBECK, CYNTHIA	
STREET ADDRESS	875 PINE HILL BOULEVARD	
CITY-ST-ZIP	GENEVA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GATES, RANDALL	
STREET ADDRESS	552 VALLEY STREAM DRIVE	
CITY-ST-ZIP	GENEVA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, ROGER	
STREET ADDRESS	592 VALLEY STREAM DRIVE	
CITY-ST-ZIP	GENEVA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARRON A. ROY	
1.3 STREET ADDRESS	524 SEMINOLE WOODS BLVD.	
1.4 CITY-ST-ZIP	GENEVA, FL 32732	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CYNTHIA HOLLENBECK	
3.3 STREET ADDRESS	875 PINE HILL BOULEVARD	
3.4 CITY-ST-ZIP	GENEVA, FL 32732	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KAREN GEBAUER	
4.3 STREET ADDRESS	486 SEMINOLE WOODS BLVD.	
4.4 CITY-ST-ZIP	GENEVA, FL 32732	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARK SALLEY	
5.3 STREET ADDRESS	2200 WINTER SPRINGS BLVD. #106-324	
5.4 CITY-ST-ZIP	DVIEDO FL 32765	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: \_\_\_\_\_ DATE: 1-13-97 DAYTIME PHONE: 407-660-2412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)