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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744196

1. Corporation Name

SEMINOLE WOODS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

900 WINDERLEY PLACE
SUITE 105
MAITLAND FL 32751
US

Mailing Address

900 WINDERLEY PLACE
SUITE 105
MAITLAND FL 32751
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

3. Date incorporated or Qualified

09/06/1978

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

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
NAME ROY, BARRON A
STREET ADDRESS 524 SEMINOLE WOODS BLVD
CITY-ST-ZIP GENEVA FL

DELETE

TITLE PD
NAME ALLEN, F T
STREET ADDRESS 368 SEMINOLE WOODS BLVD
CITY-ST-ZIP GENEVA FL 32732

DELETE

TITLE SD
NAME HOLLENBECK, CYNTHIA
STREET ADDRESS 875 PINE HILL BLVD
CITY-ST-ZIP GENEVA FL

DELETE

TITLE VPD
NAME ALFORD, JAMES
STREET ADDRESS 1412 CHIPPEWA LANE
CITY-ST-ZIP GENEVA FL 32732

DELETE

TITLE D
NAME SALLEY, MARK
STREET ADDRESS 2200 WINTER SPRINGS BLVD., #106-324
CITY-ST-ZIP OVIEDO FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD
1.2 NAME Stevenson, Steve
1.3 STREET ADDRESS 500 Seminole Woods Blvd.
1.4 CITY-ST-ZIP Geneva, FL 32732

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE SD
3.2 NAME Alford, Jim
3.3 STREET ADDRESS 1412 Chippewa Lane
3.4 CITY-ST-ZIP Geneva, FL 32732

Change Addition

4.1 TITLE D
4.2 NAME Covelli, Lisa
4.3 STREET ADDRESS 415 Cypress Court
4.4 CITY-ST-ZIP Geneva, FL 32732

Change Addition

5.1 TITLE D
5.2 NAME Hobby, Gretchen
5.3 STREET ADDRESS 351 Woodridge Drive
5.4 CITY-ST-ZIP Geneva, FL 32732

Change Addition

6.1 TITLE T
6.2 NAME Coleman, Roger
6.3 STREET ADDRESS 592 Valley Stream Drive
6.4 CITY-ST-ZIP Geneva, FL 32732

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE ROGER COLEMAN

4/5/99

Date

(407) 660-2412

Daytime Phone #

CR2E037 (1/198)