

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744196

1. Entity Name

SEMINOLE WOODS COMMUNITY ASSOCIATION, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90051 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

900 WINDERLEY PLACE  
SUITE 105  
MAITLAND FL 32751  
US

900 WINDERLEY PLACE  
SUITE 105  
MAITLAND FL 32751-7229  
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

59-2613572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, ROGER  
% RANDOLPH, SWAIN, TALLENT & WHITEHEAD  
900 WINDERLEY PLACE, SUITE 105  
MAITLAND FL 32751

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete  
NAME STEVENSON, STEVE  
STREET ADDRESS 500 SEMINOLE WOODS BLVD  
CITY-ST-ZIP GENEVA FL 32732

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME ALFORD, JIM  
STREET ADDRESS 1412 CHIPPEWA LANE  
CITY-ST-ZIP GENEVA FL 32732

TITLE ☒ Change ☐ Addition  
NAME P.O. Box 620999  
STREET ADDRESS Oviedo, FL 32762  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COVELT, LISA  
STREET ADDRESS 415 CYPRESS COURT  
CITY-ST-ZIP GENEVA FL 32732

TITLE ☒ Change ☐ Addition  
NAME T & D  
STREET ADDRESS Covelli, Lisa  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME HOBBY, GRETCHEN  
STREET ADDRESS 351 WOODRIDGE DRIVE  
CITY-ST-ZIP GENEVA FL 32732

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Cavaretta, Chuck  
CITY-ST-ZIP 416 Seminole Woods Boulevard  
Geneva, FL 32732

TITLE T ☒ Delete  
NAME COLEMAN, ROGER  
STREET ADDRESS 592 VALLEY STREAM DRIVE  
CITY-ST-ZIP GENEVA FL 32732

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Agent

1/21/00

407-660-2412

Date

Daytime Phone #

CR2E037 (9/99)