

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90057 035 ****61.25

600865



DO NOT WRITE IN THIS SPACE

DOCUMENT # 744196
1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2613572	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
COLEMAN, ROGER
% RANDOLPH, SWAIN, TALLENT & WHITEHEAD
900 WINDERLEY PLACE, SUITE 105
MAITLAND FL 32751

7. Name and Address of New Registered Agent
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE VPD NAME STEVENSON, STEVE STREET ADDRESS 500 SEMINOLE WOODS BLVD CITY-ST-ZIP GENEVA FL 32732	<input type="checkbox"/> Delete
TITLE PD NAME ALLEN, F T STREET ADDRESS 368 SEMINOLE WOODS BLVD CITY-ST-ZIP GENEVA FL 32732	<input type="checkbox"/> Delete
TITLE SD NAME ALFORD, JIM STREET ADDRESS P.O. BOX 620999 CITY-ST-ZIP OVIEDO FL 32762	<input type="checkbox"/> Delete
TITLE TD NAME COVELL, LISA STREET ADDRESS 415 CYPRESS COURT CITY-ST-ZIP GENEVA FL 32732	<input type="checkbox"/> Delete
TITLE D NAME CAVARETTA, CHUCK STREET ADDRESS 416 SEMINOLE WOODS BLVD. CITY-ST-ZIP GENEVA FL 32732	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **1-5-01** **407-660-2412**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)