

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90044 047 ****61.25

DOCUMENT # 744196

1. Entity Name

SEMINOLE WOODS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

900 WINDERLEY PLACE
 SUITE 105
 MAITLAND FL 32751
 US

900 WINDERLEY PLACE
 SUITE 105
 MAITLAND FL 32751
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2613572**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 **VPD** Change Addition
 NAME **Subich, Joseph T.**
 STREET ADDRESS **380 Seminole woods Blvd.**
 CITY-ST-ZIP **Geneva, FL 32732**

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

TITLE **D** Change Addition
 NAME **Ferger, John**
 STREET ADDRESS **880 Seminole woods Blvd.**
 CITY-ST-ZIP **Geneva, FL 32732**

TITLE **SD** Delete
 NAME **ALFORD, JIM**
 STREET ADDRESS **P.O. BOX 620999**
 CITY-ST-ZIP **OVIEDO FL 32762**

TITLE **SD** Change Addition
 NAME **Peele, Gregg**
 STREET ADDRESS **231 Seminole woods Blvd.**
 CITY-ST-ZIP **Geneva, FL 32732**

TITLE **TD** Delete
 NAME **COVELLI, LISA**
 STREET ADDRESS **415 CYPRESS COURT**
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE **TD** Change Addition
 NAME **Smith, Ron**
 STREET ADDRESS **860 Seminole woods Blvd.**
 CITY-ST-ZIP **Geneva, FL 32732**

TITLE **D** Delete
 NAME **CAVARETTA, CHUCK**
 STREET ADDRESS **416 SEMINOLE WOODS BLVD.**
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE **PD** Change Addition
 NAME **Cavaretta, Chuck**
 STREET ADDRESS **416 Seminole Woods Blvd.**
 CITY-ST-ZIP **Geneva, FL 32732**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *ROGER B. COLEMAN* MANAGEMENT AGENT 1/18/02 407-660-2472
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR0201

CR2E037 (9/01)