

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90025 047 \*\*\*\*61.25



**DOCUMENT # 744196**

1. Entity Name

**SEMINOLE WOODS COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

2600 LAKE LUCIEN DRIVE  
 SUITE 207  
 MAITLAND FL 32751  
 US

Mailing Address

900 WINDERLEY PLACE  
 SUITE 105  
 MAITLAND FL 32751  
 US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

*2600 Lake Lucien Drive*

Suite, Apt. #, etc.

*Suite 207*

City & State

*Maitland, FL*

Zip  
*32751*

Country  
*USA*

1st MOORE

CR2E037 (10/05)

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

**COLEMAN, ROGER**  
**% RANDOLPH, SWAIN, TALLENT & WHITEHEAD**  
**2600 LAKE LUCIEN DRIVE STE 207**  
**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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD**  Delete

NAME **HOPKINS, PATTY**  
 STREET ADDRESS **431 SEMINOLE WOODS BLVD**  
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE **D**  Delete

NAME **GLASS, JONATHAN**  
 STREET ADDRESS **395 WOODRIDGE DRIVE**  
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE **TD**  Delete

NAME **KING, THOMAS**  
 STREET ADDRESS **1424 CHIPPEWA LANE**  
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE **VPD**  Delete

NAME **WATSON, PAUL**  
 STREET ADDRESS **535 VALLEY STREAM DRIVE**  
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE **PD**  Delete

NAME **PEELE, GREGG**  
 STREET ADDRESS **395 WOODRIDGE DRIVE**  
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE  Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Change  Addition

NAME **Gary Vest**  
 STREET ADDRESS **349 Seminole woods Blvd.**  
 CITY-ST-ZIP **Geneva, FL 32732**

TITLE **PD**  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition

NAME **Cheryl Bond**  
 STREET ADDRESS **335 Woodridge 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 exemptions contained in Section 119, 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*

*1/30/06*

*407-660-2412*