



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90023 010 ****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 2600 LAKE LUCIER DR SUITE 207 MAITLAND, FL 32751 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2613572			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 2600 LAKE LUCIEN DRIVE STE 207 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOPKINS, PATTY		NAME				
STREET ADDRESS	431 SEMINOLE WOODS BLVD		STREET ADDRESS				
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOWSE, CHARLIE		NAME	Howse, Charlie			
STREET ADDRESS	555 SEMINOLE WOODS BLVD		STREET ADDRESS	555 Seminole woods Blvd			
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP	Geneva, FL 32732			
TITLE	VPD-	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VEST, GARY		NAME	vest, gary			
STREET ADDRESS	349 SEMINOLE WOODS BLVD		STREET ADDRESS	349 seminole woods Blvd.			
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP	Geneva, FL 32732			
TITLE	T	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCDEED, LARRY		NAME	Ron Gebauer			
STREET ADDRESS	478 VALLEY STREAM DRIVE		STREET ADDRESS	486 Seminole woods Blvd.			
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP	Geneva, FL 32732			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KING, TOM		NAME	Gary McDonald			
STREET ADDRESS	1424 CHIPPEWA LANE		STREET ADDRESS	653 Valley Stream Drive			
CITY-ST-ZIP	GENEVA, FL 32732		CITY-ST-ZIP	Geneva, FL 32732			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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		3/17/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			
				407-660-2412 x 232			