

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morone  
Secretary of State  
DIVISION OF CORPORATIONS

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997

DOCUMENT # 745478 (8)

THE TOWNHOMES OF LAKE SEMINOLE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business  
147 BELCHER RD.  
SUITE #2  
LARGO FL 34641  
US

Mailing Address  
147 BELCHER RD.  
SUITE 2  
LARGO FL 33771  
US

3. Date Incorporated or Qualified: 01/05/1979  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-1875197  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
BUXTON PROPERTIES, INC.  
147 BELCHER RD. SUITE #2  
LARGO FL 34641

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box)  
83 City  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE: *[Signature]* 3/5/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FROSCHE, ALLAN	
STREET ADDRESS	9209 SEMINOLE BLVD. #115	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, JAYME	
STREET ADDRESS	9209 SEMINOLE BV, #57	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NAZZITO, MARYANN	
STREET ADDRESS	9209 SEMINOLE BLVD. #135	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, BELINDA	
STREET ADDRESS	9209 SEMINOLE BLVD. #135	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANKER, TONI	
STREET ADDRESS	9209 SEMINOLE BLVD #42	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEINHARD, BEVERLY T.	
STREET ADDRESS	9209 SEMINOLE BLVD. #30	
CITY-ST-ZIP	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	R. Hon, Kathy
1.3 STREET ADDRESS	9931 Lake Seminole Dr. W
1.4 CITY-ST-ZIP	Seminole, FL 33773
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33772
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33772
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Young, Jane
4.3 STREET ADDRESS	9209 Seminole Blvd. #
4.4 CITY-ST-ZIP	Seminole, FL 33772
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Southern, Mable
5.3 STREET ADDRESS	9209 Seminole Blvd. #5
5.4 CITY-ST-ZIP	Seminole, FL 33772
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	33772

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signatures]*

CR2E037 (9/96)