

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **745478** (8)

1. Corporation Name
THE TOWNHOMES OF LAKE SEMINOLE PROPERTY OWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified	01/05/1979
4. FEI Number	59-1875197
Applied For	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc.	Suite, Apt #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	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 Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HER, KATHY R	1.2 NAME	
STREET ADDRESS	9931 LAKE SEMINOLE DR W	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33773	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JAYME	2.2 NAME	
STREET ADDRESS	9209 SEMINOLE BV, #57	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33772	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAZZITO, MARYANN	3.2 NAME	Donald Mac Donald
STREET ADDRESS	9209 SEMINOLE BLVD. #135	3.3 STREET ADDRESS	9209 Seminole Blvd. #175
CITY-ST-ZIP	SEMINOLE FL 33772	3.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JANE	4.2 NAME	Pat Phillips
STREET ADDRESS	9209 SEMINOLE BLVD.	4.3 STREET ADDRESS	9209 Seminole Blvd #32
CITY-ST-ZIP	SEMINOLE FL 33772	4.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHERN, MABLE	5.2 NAME	
STREET ADDRESS	9209 SEMINOLE BLVD. #5	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33772	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEINHARD, BEVERY T.	6.2 NAME	Sharon Brown
STREET ADDRESS	9209 SEMINOLE BLVD. #30	6.3 STREET ADDRESS	9209 Seminole Blvd #96
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	Seminole, FL 33772

14. 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 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen D. Ritter, Pres. Date: 4/22/98 Daytime Phone: 813-582-6312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)