

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90143 024 ****61.25

DOCUMENT # 745478

1. Corporation Name

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 34641
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

01/05/1979

4. FEI Number

59-1875197

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME HER, KATHY R
STREET ADDRESS 9931 LAKE SEMINOLE DR W
CITY-ST-ZIP SEMINOLE FL 33773

TITLE D ☐ DELETE
NAME WATSON, JAYME
STREET ADDRESS 9209 SEMINOLE BV, #57
CITY-ST-ZIP SEMINOLE FL 33772

TITLE TD ☐ DELETE
NAME NAZZITO, MARYANN
STREET ADDRESS 9209 SEMINOLE BLVD. #135
CITY-ST-ZIP SEMINOLE FL 33772

TITLE D ☐ DELETE
NAME MACDONALD, DONALD
STREET ADDRESS 9209 SEMINOLE BLVD, #175
CITY-ST-ZIP SEMINOLE FL 33772

TITLE D ☒ DELETE
NAME SOUTHERN, MABLE
STREET ADDRESS 9209 SEMINOLE BLVD. #5
CITY-ST-ZIP SEMINOLE FL 33772

TITLE DVP ☐ DELETE
NAME BROWN, SHARON
STREET ADDRESS 9209 SEMINOLE BLVD, #86
CITY-ST-ZIP SEMINOLE FL 33772

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Alan Froesch
1.3 STREET ADDRESS 9209 Seminole Blvd #115
1.4 CITY-ST-ZIP Seminole, FL 33772

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Ann Conte
5.3 STREET ADDRESS 9209 Seminole Blvd #105
5.4 CITY-ST-ZIP Seminole, FL 33772

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)