

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90191 047 ****61.25

DOCUMENT # 745478

1. Entity 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**

24070503



04262004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1875197

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUXTON PROPERTIES, INC.
147 BELCHER RD. SUITE #2
LARGO, FL 34641**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HERDLISKA, LINDA
9209 SEMINOLE BLVD. #28
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP BOB JONES
~~CLAYTON, LEO~~
9209 SEMINOLE BLVD #113
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NAZZITO, MARYANN
9209 SEMINOLE BLVD. #135
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HARMON, STANLEY
9209 SEMINOLE BLVD. #104
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CONTE, ANN
9209 SEMINOLE BLVD, #105
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BROWN, SHARON
9209 SEMINOLE BLVD, #86
SEMINOLE, FL 33772**

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IN THIS SPACE**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edwards LAM 4/6/2004 727-538-0034