


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90130 021 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1875197	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUXTON PROPERTIES, INC. 147 BELCHER RD. SUITE #2 LARGO, FL 34641			7. Name and Address of New Registered Agent 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 renaming) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	T HEROLISKA, LINDA 9209 SEMINOLE BLVD. #28 SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sarah Snyder <input type="checkbox"/> Change <input type="checkbox"/> Addition 9209 Seminole Blvd. #178 Seminole FL 33772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VR JONES, BOB 9209 SEMINOLE BLVD. #113 SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Long <input type="checkbox"/> Change <input type="checkbox"/> Addition unit #57	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAZZITO, MARYANN 9209 SEMINOLE BLVD. #135 SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laura Antonelli <input type="checkbox"/> Change <input type="checkbox"/> Addition # 90	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARMON, STANLEY 9209 SEMINOLE BLVD. #104 SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jan Lessard <input type="checkbox"/> Change <input type="checkbox"/> Addition #159	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTE, ANN 9209 SEMINOLE BLVD. #105 SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Schmitt <input type="checkbox"/> Change <input type="checkbox"/> Addition 14683 Seminole Trail Seminole, FL 33776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, SHARON 9209 SEMINOLE BLVD. #86 SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joan Dempster <input type="checkbox"/> Change <input type="checkbox"/> Addition # 29	
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: <u>R. Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	