

FILE NOW: FILING FEE AFTER MAY. 1 IS \$155.00

APPROVED AND FILED

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00605 (8)

1. Corporation Name
SEMINOLE LANDINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
190 SEMINOLE LANE COCOA BEACH FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/27/1983	3a. Date of Last Report 02/11/1994
4. FEI Number 59-2410768	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**GUERARD, FRANZ
424 N. 4TH ST.
COCOA BEACH FL 32932-8026**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARTOLAC, STEVEN R.
STREET ADDRESS	RD #1 BOX 75
CITY - ST - ZIP	MARS PA
TITLE	V
NAME	ORR, MICHAEL
STREET ADDRESS	190 SEMINOLE LANE 501
CITY - ST - ZIP	COCOA BEACH FL
TITLE	SD
NAME	BARTOLAC, VIRGINIA S.
STREET ADDRESS	D # 1 BOX 75
CITY - ST - ZIP	MARS PA
TITLE	D
NAME	VIRGINIA INTERRANTE
STREET ADDRESS	190 SEMINOLE LN #201
CITY - ST - ZIP	COCOA BEACH FL
TITLE	TD
NAME	ANNE SILVESTRI
STREET ADDRESS	190 SEMINOLE LN #305
CITY - ST - ZIP	COCOA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Vernon Hines
4.4 CITY - ST - ZIP	32931 190 Seminole Ln #102 C.B. Fl.
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD
5.3 STREET ADDRESS	Joe Rogers
5.4 CITY - ST - ZIP	190 Seminole Lane #202 Cocoa Beach, FL 32931
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Mary Young
6.4 CITY - ST - ZIP	190 Seminole Ln #104 Cocoa Beach, Fl. 32931

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(c), 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: Joe D. Rogers 1 April 1995 407/254/4.122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR