

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00605** (8)
1. Corporation Name
SEMINOLE LANDINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 190 SEMINOLE LANE, COCOA BEACH FL 32931
Mailing Address: 190 SEMINOLE LANE, COCOA BEACH FL 32931

3. Date Incorporated or Qualified: 12/27/1983
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2410768
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTOLAC, STEVEN R.	1.2 NAME	Bartolac, Steven
STREET ADDRESS	RD #1 BOX 75	1.3 STREET ADDRESS	445 MYNARD Rd
CITY-ST-ZIP	MARS PA	1.4 CITY-ST-ZIP	MARS PA 16046
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORR, MICHAEL	2.2 NAME	Michael GERDA BRODSKY
STREET ADDRESS	190 SEMINOLE LANE 501	2.3 STREET ADDRESS	190 SEMINOLE LANE # 404
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTOLAC, VIRGINIA S.	3.2 NAME	BARTOLAC, VIRGINIAS
STREET ADDRESS	D # 1 BOX 75	3.3 STREET ADDRESS	445 MYNARD Rd
CITY-ST-ZIP	MARS PA	3.4 CITY-ST-ZIP	MARS PA 16046
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	2ND V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, VERNON	4.2 NAME	HINES, VERNON
STREET ADDRESS	190 SEMINOLE LN, STE 102	4.3 STREET ADDRESS	190 SEMINOLE LANE #102
CITY-ST-ZIP	COCOA BEACH FL	4.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JOE	5.2 NAME	Young, Mary
STREET ADDRESS	190 SEMINOLE LANE, STE 202	5.3 STREET ADDRESS	190 Seminole Lane #104
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MARY	6.2 NAME	Interrante, Gina
STREET ADDRESS	190 SEMINOLE LN, STE 104	6.3 STREET ADDRESS	190 Seminole Lane #104
CITY-ST-ZIP	COCOA BEACH FL	6.4 CITY-ST-ZIP	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 119.07(3)(k), 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: Steven R. Bartolac 4/21/96 412 426 1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)