

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 180 SEMINOLE LANE COCOA BEACH FL 32931-3392
--	---



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/27/1983	3a. Date of Last Report 05/01/1996
21	26	4. FEI Number 59-2410768	Applied For Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
QUERARD, FRANZ-
424 N. 4TH ST-
COCOA BEACH FL 32902-0026

10. Name and Address of New Registered Agent
81 Name **Marilyn A. Rigerman**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **200 North First Street**
84 City **Cocoa Beach** FL 85 Zip Code **32931**

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 *Marilyn A. Rigerman* **Marilyn A. Rigerman** **4-25-97**
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	VP	<input checked="" type="checkbox"/> DELETE
NAME	BARTOLAC, STEVEN R.	
STREET ADDRESS	445 MYOMA RD.	
CITY-ST-ZIP	MARS PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ORR, MICHAEL	
STREET ADDRESS	190 SEMINOLE LANE 501	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BARTOLAC, VIRGINIA S.	
STREET ADDRESS	445 MYOMA RD.	
CITY-ST-ZIP	MARS PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HINES, VERNON	
STREET ADDRESS	190 SEMINOLE LN, STE 102	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUND, MARY	
STREET ADDRESS	190 SEMINOLE LANE, #104	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	INTERRANTE, GINNY	
STREET ADDRESS	190 SEMINOLE LANE, #202	
CITY-ST-ZIP	COCOA BEACH FL	

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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kinahan, Sue
3.3 STREET ADDRESS	190 Semi nole Lane
3.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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. **Sue E Kinahan**

SIGNATURE: *Sue E Kinahan* **Sue E Kinahan** **4-25-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 001000-1

CF2E037 (9/96)