

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # NO0605 (8)**  
 1. Corporation Name  
**SEMINOLE LANDINGS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>180 SEMINOLE LANE COCOA BEACH FL 32931</b>	Mailing Address <b>180 SEMINOLE LANE COCOA BEACH FL 32931</b>
--	--

3. Date Incorporated or Qualified <b>12/27/1983</b>	
4. FEI Number <b>59-2410768</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>2a</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>2b</b>
City & State <b>23</b>	City & State <b>27</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>28</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**RIGERMAN, MARILYN A**  
**200 N FIRST ST**  
**COCOA BEACH FL 32931**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE <b>PD</b>	NAME <b>ORR, MICHAEL</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>190 SEMINOLE LANE 501</b>	CITY-ST-ZIP <b>COCOA BEACH FL</b>	
TITLE <b>SD</b>	NAME <b>KINAHAN, SUE</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>180 SEMINOLE LANE</b>	CITY-ST-ZIP <b>COCOA BEACH FL</b>	
TITLE <b>VP</b>	NAME <b>HINES, VERNON</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>190 SEMINOLE LN, STE 102</b>	CITY-ST-ZIP <b>COCOA BEACH FL</b>	
TITLE <b>TD</b>	NAME <b>YOUNG, MARY</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>190 SEMINOLE LANE, #104</b>	CITY-ST-ZIP <b>COCOA BEACH FL</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <b>V.P./TREASURER</b>	NAME <b>GINNY INTERRANTE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 STREET ADDRESS <b>190 SEMINOLE LN. 501</b>	1.3 CITY-ST-ZIP <b>COCOA BEACH, FL. 32931</b>	
2.1 TITLE <b>DIRECTOR</b>	NAME <b>DIPTADKINAHAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 STREET ADDRESS <b>190 SEMINOLE LN 405</b>	2.3 CITY-ST-ZIP <b>COCOA BEACH, FL. 32931</b>	
3.1 TITLE <b>D.P.A.</b>	NAME <b>GERDA BRODSKY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 STREET ADDRESS <b>190 SEMINOLE LN. 104</b>	3.3 CITY-ST-ZIP <b>COCOA BEACH, FL. 32931</b>	
4.1 TITLE <b>SECTY.</b>	NAME <b>GINNY BARTOLAC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 STREET ADDRESS <b>445 N YOMA P.D.</b>	4.3 CITY-ST-ZIP <b>MARS, PA. 16045</b>	
5.1 TITLE <b>D.P.A.</b>	NAME <b>STEVEN BARTOLAC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 STREET ADDRESS <b>445 N YOMA P.D.</b>	5.3 CITY-ST-ZIP <b>MARS, PA. 16045</b>	
6.1 TITLE <b>D.P.A.</b>	NAME <b>VERNON HINES</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 STREET ADDRESS <b>190 SEMINOLE LN 102</b>	6.3 CITY-ST-ZIP <b>COCOA BEACH, FL. 32931</b>	

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: GINNY INTERRANTE DATE: 4/16/98 784-3774

CPRE037 (10/97)