

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90027 012 ****61.25

DOCUMENT # N00605

1. Entity Name

SEMINOLE LANDINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

190 SEMINOLE LANE
 COCOA BEACH FL 32931

190 SEMINOLE LANE
 COCOA BEACH FL 32931-3392

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

59-2410768

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ORR, MICHAEL	
STREET ADDRESS	190 SEMINOLE LANE 501	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	INTERRANTE, GINNY	
STREET ADDRESS	190 SEMINOLE LN #201	
CITY-ST-ZIP	COCOA BCH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINES, VERNON	
STREET ADDRESS	190 SEMINOLE LN, STE 102	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODSKY, GERDA	
STREET ADDRESS	190 SEMINOLE LANE, #404	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARTOLAC, GINNY	
STREET ADDRESS	445 M YOMA RD	
CITY-ST-ZIP	MARS PA 16045	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Young	
STREET ADDRESS	190 Seminole Lane	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mary Young*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *5-29-00*
 Daytime Phone #: *321 784-4396*

CR2E037 (9/99)