

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90093 016 ****61.25

0029593

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2410768

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DP	Robert Szymanski	190 Seminole Lane	Cocoa Beach FL 32931	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DP	Eiken Szymanski	190 Seminole Lane	Cocoa Beach FL 32931	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Allan Horvath	190 Seminole Lane	Cocoa Beach FL 32931	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

4/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)