

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

3396

DOCUMENT # N00605

1. Entity Name

SEMINOLE LANDINGS CONDOMINIUM ASSOCIATION, INC.

03-24-2002 90013 006 ****61.25

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	SHYMANSKI, ROBERT	
STREET ADDRESS	190 SEMINOLE LANE 501	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SKYMANSKI, EILEEN	
STREET ADDRESS	190 SEMINOLE LN, STE 102	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BRODSKY, GERDA	
STREET ADDRESS	190 SEMINOLE LANE, #404	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORVATH, ALLAN	
STREET ADDRESS	190 SEMINOLE LANE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 the 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 empowers.

SIGNATURE: *Eileen Symanski*
SIGNATURE REQUIRED

TO SIGN HERE

CR2E037 (9/01)