


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # N00605 | |  |
| 1. Entity Name SEMINOLE LANDINGS CONDOMINIUM ASSOCIATION, INC. | | |
| Principal Place of Business 190 SEMINOLE LANE COCOA BEACH FL 32931 | Mailing Address 190 SEMINOLE LANE COCOA BEACH FL 32931 | |
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |



MOORE CR2E037 (11/03)

| | | |
|---|--|--|
| 4. FEI Number 59-2410768 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent RIGERMAN, MARILYN A 200 N FIRST ST COCOA BEACH FL 32931 | | 7. Name and Address of New Registered Agent |
| Name | | Street Address (P.O. Box Number is Not Acceptable) |
| City | | Zip Code FL |

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|--|---|---|
| TITLE NAME | DP SHYMANSKI, ROBERT 190 SEMINOLE LANE 501 COCOA BEACH FL 32931 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | U00000078981 03/05/04-80023-024 61.25 |
| CITY - ST - ZIP | | | |
| TITLE NAME | DST SKYMANSKI, EILEEN 190 SEMINOLE LN, STE 102 COCOA BEACH FL 32931 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE NAME | DVP BRODSKY, GERDA 190 SEMINOLE LANE, #404 COCOA BEACH FL 32931 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE NAME | D HORVATH, ALLAN 190 SEMINOLE LANE COCOA BEACH FL 32931 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Gerda Brodsky Gerda Brodsky 2-29-04