

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90053 029 \*\*\*\*61.25

66005 158



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N00605</b> 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	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			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW! FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHYMANSKI, ROBERT		NAME		
STREET ADDRESS	190 SEMINOLE LANE 501		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHYMANSKI, EILEEN		NAME		
STREET ADDRESS	190 SEMINOLE LN, STE 102		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRODSKY, GERDA		NAME		
STREET ADDRESS	190 SEMINOLE LANE, #404		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORVATH, ALLAN		NAME		
STREET ADDRESS	190 SEMINOLE LANE		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Michael Orr		NAME		
STREET ADDRESS	190 SEMINOLE LANE		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Eileen Shymanski</i>				Date: 7/21/04-05 25	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	