

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003987 (5)
1. Corporation Name
PRIVATE BUSINESS ASSOCIATION OF SEMINOLE, INC.



Principal Place of Business 165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708	Mailing Address 165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708
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3. Date Incorporated or Qualified 09/02/1993	
4. FEI Number 59-3208272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**ENERGY PROPERTY MGMT SERVICES INC.
165 W STATE RD 434
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPA, JOHN	1.2 NAME	
STREET ADDRESS	2700 WESTHALL LANE STE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, DAVID	2.2 NAME	
STREET ADDRESS	800 S. ORLANDO AVE	2.3 STREET ADDRESS	DV LAWTON, CES 185 ANCHOR RD. CASSELBERRY FL 32707
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ANNE	3.2 NAME	
STREET ADDRESS	165 W. STATE RD. 434	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTAWAY, MIKE	4.2 NAME	
STREET ADDRESS	162 EAST HWY 434	4.3 STREET ADDRESS	DP HATTAWAY, MIKE 840 Waterway Place LONGWOOD, FL 32750
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEYU, RIC	5.2 NAME	
STREET ADDRESS	990 DOUGLAS AVE	5.3 STREET ADDRESS	D STANLEY, RIC
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, BOB	6.2 NAME	
STREET ADDRESS	222 S. WESTMONTE DR., #118	6.3 STREET ADDRESS	D
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment to this report.

SIGNATURE: _____ DATE: **3/18/98** **4073275824**

CR2E037 (10/97)

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TITLE
NAME
STREET ADDRESS
CITY/ST/ZIP

D
Chan, Marty
165 W. State Rd. 434
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY/ST/ZIP

DS
DiMeglio, Billie
290 Eagle Knob Point
Lake Mary, FL 32746