

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

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90335 019 ****61.25

DOCUMENT # N93000003987
 1. Entity Name
PRIVATE BUSINESS ASSOCIATION OF SEMINOLE, INC.



Principal Place of Business Mailing Address
165 WEST STATE ROAD 434 **PO BOX 520703**
WINTER SPRINGS FL 32708 **LONGWOOD FL 32752**

0003982



1st MOORE CR2E037 (10/04)

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 Applied For
59-3208272 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCURES, MICHAEL
3001 W. LAKE MARY BLVD.
LAKE MARY FL 32746

7. Name and Address of New Registered Agent
 Name **AMELIA M THEISEN**
 Street Address (P.O. Box Number is Not Acceptable) **582 LAKEWORTH CIRCLE**
 City **HEATHROW** FL Zip Code **32746**

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 *Amelia M Theisen* DATE **3-30-05**
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 Due By May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCURES, MICHAEL R 3001 W. LAKE MARY BLVD. LAKE MARY FL 32746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM KUHN, G. THOMAS 183 PAUL MCCLURE COURT CASSELBERRY FL 32707 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WINESBURGH, BEVERLY PO BOX 160430 ALTAMONTE SPRINGS FL 32716 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIETERS, BRINDLY B 401 CENTERPOINT CIR #1501 ALTAMONTE SPRINGS FL 32701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DI CHAN, MARTY 533 THAMES CIRCLE LONGWOOD FL 32750 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PUTZ, JUDY 280 W. WARREN AVE. LONGWOOD FL 32750 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETER KATAUSKAS 202 LOOKOUT PLACE MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIM DONIH 120 INTERNATIONAL PKY #220 LAKE MARY, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVERLY WINESBURGH PO BOX 160430 ALTAMONTE SPRINGS, FL 32716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRINDLY B PIETERS 401 CENTERPOINT CIRCLE #1501 ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTY CHAN 533 THAMES CIRCLE LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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 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: *Marty Chan* **MARTY CHAN** **4-13-05** **407-265-0717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #