

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90117 025 ****61.25

DOCUMENT # N93000003987

1. Entity Name
PRIVATE BUSINESS ASSOCIATION OF SEMINOLE, INC.

Principal Place of Business
**165 WEST STATE ROAD 434
 WINTER SPRINGS FL 32708**

Mailing Address
**PO BOX 520703
 LONGWOOD FL 32752**

2. Principal Place of Business - No P.O. Box #
582 LAKEWORTH

3. Mailing Address
PO BOX 520703

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
HEATHROW, FL

City & State
LONGWOOD, FL

Zip Country
32746 Seminole

Zip Country
32752 Seminole



1st MOORE CR2E037 (10/07)

4. FEI Number **59-3208272** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**THEISEN, AMELIA M.
 582 LAKEWORTH CIRCLE
 LAKE MARY FL 32746**

7. Name and Address of New Registered Agent
 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 _____
(Signature, typed or printed name of registered agent and FEI, if applicable. (NOTE: Registered Agent signature is required when reinstating))

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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 STREET ADDRESS CITY-ST-ZIP | KATAUSKAS, PETER 202 LOOKOUT PLACE MAITLAND FL 32751 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PUTZ, JUDY 180 W WARREN AVE LONGWOOD FL 32760 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | KUHN, THOMAS G 183 PAUL MCCLURE CT CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DONIHI, TIM 3599 W LAKE MARY BLVD #10 LAKE MARY FL 32756 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVID WRIGHT WCG/NEEL SCHAFER, INC 2600 LAKE LUCIEN DR SUITE 117 MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PIETERS, BRINDLY B 401 CENTERPOINT CIR #1501 ALTAMONTE SPRINGS FL 32701 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JUDY PUTZ 280 W WARREN AVE LONGWOOD, FL 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CHAN, MARTY 533 THAMES CIRCLE LONGWOOD FL 32750 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KUHN, THOMAS G 183 PAUL MCCLURE CT CASSELBERRY FL 32707 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JOHN HORAN FOLEY + LARPER LLP PO BOX 2193 ORLANDO, FL 32802-2193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Amelia M. Theisen 4-9-08 401-333-9895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date