

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743049

FILED
Apr 30, 2004
Secretary of State**Entity Name:** SEMINOLE HILL VILLAS RESIDENT MANAGEMENT ASSOCIATION, INC.**Current Principal Place of Business:**%RAMPART PROPERTIES, INC.
10033 -9TH ST N.- 2ND FLR
SAINT PETERSBURG, FL 33716**New Principal Place of Business:****Current Mailing Address:**%RAMPART PROPERTIES, INC.
10033 -9TH ST N.- 2ND FLR
SAINT PETERSBURG, FL 33716**New Mailing Address:****FEI Number:** 59-1840237**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITH, BRIAN K
%RAMPART PROPERTIES
10033 -9TH ST N.- 2ND FLR
SAINT PETERSBURG, FL 33716**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: GOLLATTSCHKE, ALICE
Address: 10033 -9TH ST N- 2ND FLR
City-St-Zip: SAINT PETERSBURG, FL 33716Title: TD () Delete
Name: UNDERHILL, EARL
Address: 10033 -9TH ST N- 2ND FLR
City-St-Zip: SAINT PETERSBURG, FL 33716Title: VD () Delete
Name: MORACA, BILL
Address: 10033 -9TH ST N- 2ND FLR
City-St-Zip: SAINT PETERSBURG, FL 33716Title: SD () Delete
Name: LAYTON, BETTY
Address: 10033 9TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716Title: D () Delete
Name: ZIZANIS, HARRY
Address: 10033 NINTH ST. N
City-St-Zip: SAINT PETERSBURG, FL 33716**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE GOLLATTSCHKE

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date