

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 27, 2007
Secretary of State**

DOCUMENT# N05000010869

Entity Name: TOWNHOMES AT SEMINOLE MEADOW OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1623 - 106TH AVENUE NORTH
LARGO, FL

New Principal Place of Business:

10623 - 106TH AVENUE NORTH
LARGO, FL 33772

Current Mailing Address:

1623 - 106TH AVENUE NORTH
LARGO, FL

New Mailing Address:

P. O. BOX 7568
S EMINOLE, FL 33775

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHULER, TIMOTHY C
9075 SEMINOLE BOULEVARD
SEMINOLE, FL US

Name and Address of New Registered Agent:

SCHULER, TIMOTHY C
9075 SEMINOLE BOULEVARD
SEMINOLE, FL 33772 US

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: _____ Date: 06/27/2007
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENDRY, JAMES M
Address: P.O. BOX 7568
City-St-Zip: SEMINOLE, FL 33775

Title: DST () Delete
Name: HENDRY, GWEN
Address: P.O. BOX 7568
City-St-Zip: SEMINOLE, FL 33775

Title: D () Delete
Name: SCHULER, TIMOTHY
Address: 9075 SEMINOLE BOULEVARD
City-St-Zip: SEMINOLE, FL 33772

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES M. HENDRY PD Date: 06/27/2007
Electronic Signature of Signing Officer or Director