

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003987

**Entity Name:** PRIVATE BUSINESS ASSOCIATION OF SEMINOLE, INC.

**Current Principal Place of Business:**

582 LAKEWORTH  
LAKE MARY, FL 32746

**Current Mailing Address:**

P.O. BOX 520703  
LONGWOOD, FL 32746 US

**FEI Number: 59-3208272**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THEISEN, AMELIA M.  
582 LAKEWORTH CIRCLE  
LAKE MARY, FL 32746 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DONIHI, TIM  
Address 1217 PALM BREEZE COURT  
City-State-Zip: HEATHROW FL 32746

Title VP  
Name RYSER, DENISE  
Address 1707 LITTLTON COURT  
City-State-Zip: WINTER SPRINGS FL 32708

Title T  
Name HOLMES, WILLIAM  
Address P.O. BOX 106  
City-State-Zip: GENEVA FL 32732

Title S  
Name HENDREN, JASON  
Address 519 CODISCO WAY  
City-State-Zip: SANFORD FL 32771

Title D  
Name BAVEC, RICHARD  
Address 690 LAKE FOREST BLVD.  
City-State-Zip: SANFORD FL 32771

Title D  
Name BRAVO, CARMINE  
Address 1566 GRACE LAKE CIRCLE  
City-State-Zip: LONGWOOD FL 32750

*I hereby 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 all other like empowered.*

**SIGNATURE: JASON HENDREN**

**SECRETARY**

**02/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date