## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003987

Entity Name: PRIVATE BUSINESS ASSOCIATION OF SEMINOLE, INC.

**FILED** Mar 01, 2021 **Secretary of State** 8496297703CC

## **Current Principal Place of Business:**

582 LAKEWORTH CIRCLE LAKE MARY, FL 32746

## **Current Mailing Address:**

P.O. BOX 950505

LAKE MARY. FL 32795-0505 US

FEI Number: 59-3208272 Certificate of Status Desired: Yes

## 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title **PRESIDENT** Title **TREASURER** PINNOCK, OLIVER Name Name JOACHIM, LOUIS

**DOVER INTERNATIONAL REALTY** Address **BOSS LASER** Address

608 TRESTLE POINT 1307 S. INTERNATIONAL PKW. 1091

City-State-Zip: SANFORD FL 32771 City-State-Zip: LAKE MARY FL 32714

Title **SECRETARY** Title VΡ

Name PALUMBO, CHRISTOPHER Name DOLAN, TIM

TOWNE CENTER INSURANCE WASTE PRO USA Address Address

1705 ST. JOHNS PARKWAY **AGENCY** 600 RINEHART ROAD 3136

City-State-Zip: SANFORD FL 32771 LAKE MARY FL 32746 City-State-Zip:

Title **DIRECTOR** 

Title Name BRAVO, CARMINE

ZIC. ANDREW Name Address 1566 GRACE LAKE CIRCLE

Address **CAPITAL SOLUTION & INVESTMENTS** City-State-Zip: LONGWOOD FL 32750

1307 S. INTERNATIONAL PKWY 1091 LAKE MARY FL 32746

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.

03/01/2021 SIGNATURE: LOUIS JOACHIM TREASURER