

**2017 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 950505  
LAKE MARY, FL 32795-0505 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            PRESIDENT  
Name            HERR, ANDRIA  
Address        250 INTERNATIONAL PARKWAY.  
                  330  
City-State-Zip: LAKE MARY FL 32746

Title            TREASURER  
Name            GALLEGHER, JOE  
Address        1180 SPRING CENTER S BLVD.  
                  202  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            SECRETARY  
Name            FRIEDMAN, BRIDGET ESQ.  
Address        766 N. SUN DRIVE  
                  4030  
City-State-Zip: LAKE MARY FL 32746

Title            DIR  
Name            DIVOLI, RON  
Address        750 MONROE ROAD  
City-State-Zip: SANFORD FL 32771

Title            D  
Name            STURGILL, SCOTT  
Address        455 SPECIALTY POINT  
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: ANDRIA HERR**

**PRESIDENT**

**02/03/2017**

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

\_\_\_\_\_  
Date