FILED

Mar 14, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 291163

SEMINOLE GARDENS APARTMENT NO.1-A, INC.

Principal Place of Business Mailing Address							A10 Anièra nya 210an a		.011 81811 1801
8330 112TH ST. N. SEMINOLE FLORIDA 33772		8330 112TH ST. N. SEMINOLE FLORIDA 33772			DO NOT	WRITE IN THIS	SPACE		
US			US			3. Date Incorporated or Qualifed			
						03/22/1965			
2. Principal Pl	ace of Business	2a.	Mailing Address			4, FEI Number		Apr	plied For
21		26				59-1115156			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desir	ed 🔲	\$8.75 A	
22		27							<u>·</u>
City & State			City & State			6. Election Campaign Finan Trust Fund Contribution	cing 🗆	\$5.00 Added to	
23 Zip	Country	28	Zip	Country		8. This corporation owes the	current year In		31663
—¬ `	25	29		30		Personal Property Tax.	Culterit year in	Yes	⊠No
24	9. Name and Address of Curre			30,		10. Name and Address of N	lew Registered	Agent	
				81	Name				
CASTLES, ROBERT G.				82	Street	Address (P.O. Box Number is Not Ad	ceptable)		
8330 112TH ST N			oz Sireet						
SEMI	NOLE FL 33772			83					
				84	City			85 Zip C	Code
							FL		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florid	a. Such change was at	uthorized by	tne corpo	corporation submits this statement to pration's board of directors. I hereby	accept the appo	intment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered as	ent and title if	applicable (NOTE:	Registered Agen	t signature r	equired when reinstating)	DATE		
12.	OFFICERS A			13.		ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	Р		✓ DELETE	1.1 TITLE		P		Change Change	☐ Addition
NAME	NICKOLAUS, ROBERT	Laus, Robert		1.2 NAME		Rosella NECKERAI 8330 112th St.N	I E R		
STREET ADDRESS	8330 112TH ST N			1.3 STREET	ADDRESS				
CITY-ST-ZIP	SEMINOLE, FL 00000			1.4 CITY-S	r-ZIP	SEMINOLE, FL 33	77V		=
TITLE	V		☑ DELETE	2.1 TITLE		V	. 1	 Change	Addition
NAME	LOBUE, FRANK	:		2.2 NAME		ROLAND GOODRICH 8330 112th St.N.			
STREET ADDRESS	8330 112TH ST N			2.3 STREET	ADDRESS				
CITY-ST-ZIP	SEMINOLE, FL 00000			2. 4 CITY-S	T-ZIP	SEMINOLE, FL.	3317V		C Addition
TITLE	ATAS		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME	FISHER, EVOLYN			3.2 NAME					
STREET ADDRESS	8330 112TH ST N			3.3 STREE	ADDRESS				
CITY-ST-ZIP	SEMINOLE, FL 00000			3.4. CITY-S	T-ZIP			Change	Addition
TITLE	VP	☐ DELETE		4.1 TITLE				[_] Change	☐ Addition
NAME	REILLY, RUTH			4. 2 NAME					
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP	SEMINOLE, FL 00000		☑ DELETE	4.4 CITY-S	r-zip	5T .		Change	Addition
TITLE	ST		<u>▼</u> DELETE	5.1 TITLE 5.2 NAME		PAUL NECKERAU	ER	- Ontango	
NAME	WATKINS, MILDRED			5.3 STREET	ANDRESS	8330 11ath ST. N.			
STREET ADDRESS	8330 112TH ST N			5.4 CITY-S		SEMINOLE, EL 3	3777		
CITY-ST-ZIP	SEMINOLE, FL 00000		☐ DELETE	6.1 TITLE		, 1 , 4	/ ^	☐ Change	Addition
TITLE			_ 5	6.2 NAME				_ •	_
NAME					ADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP