2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# 296868

Entity Name: SEMINOLE GARDENS APARTMENT NO 3-B, INC.

Current Principal Place of Business:

8330 112TH ST. N.
SEMINOLE, FL 33772 US

New Principal Place of Business:

Current Mailing Address:

8330 112TH ST. N.
SEMINOLE, FL 33772 US

New Mailing Address:

FEI Number: 59-1115158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEACOCK, TOMMAY T PRES
8330 112TH ST N
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: SWENSON, DONALD
Address: 8330 112TH ST N
City-St-Zip: SEMINOLE, FL, FL 33772 US

Title: 1VP ( ) Delete
Name: KOKINDA, JEAN
Address: 8330 112TH ST N
City-St-Zip: SEMINOLE, FL, FL 33772 US

Title: 2VP ( ) Delete
Name: HUGHES, LARRY
Address: 8330 112TH ST N
City-St-Zip: SEMINOLE, FL 33772 US

Title: STR ( ) Delete
Name: DIEMAND, RUTH
Address: 8330 112TH ST N
City-St-Zip: SEMINOLE, FL 33772 US

Title: ASST ( ) Delete
Name: DAVIS, ELLEN
Address: 8330- 112TH ST N
City-St-Zip: SEMINOLE, FL 33772 US

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:

Title: S/T (X) Change ( ) Addition
Name: DIEMAND, RUTH
Address: 8330 112TH ST N
City-St-Zip: SEMINOLE, FL 33772 US

Title: ASST (X) Change ( ) Addition
Name: GARDNER, JUNE
Address: 8330- 112TH ST N
City-St-Zip: SEMINOLE, FL 33772 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON R. SWENSON PRES 03/09/2009

Electronic Signature of Signing Officer or Director Date