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Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90018 008 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 304040

1. Corporation Name

SEMINOLE GARDENS APARTMENT NO 7-A, INC.

Principal Place of Business

8330 112TH ST. N.  
SEMINOLE FL 33772  
US

Mailing Address

8330 112TH ST. N.  
SEMINOLE FL 33772  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1966

4. FEI Number

59-1117883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CASTLES, ROBERT  
8330 112TH ST N  
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HOLEVA, CATHERINE	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCCLELLAN, GRANT	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	ATAS	<input checked="" type="checkbox"/> DELETE
NAME	WEIN, TED	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MANDEVILLE, JOSEPHINE	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBINSON, BERNICE CONNOR	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WINN, TED	
1.3 STREET ADDRESS	8330 112TH ST. N.	
1.4 CITY-ST-ZIP	SEMINOLE, FL 33772	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLEVA, CATHERINE	
2.3 STREET ADDRESS	8330, 112TH ST. N.	
2.4 CITY-ST-ZIP	SEMINOLE, FL 33772	
3.1 TITLE	ATAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HANGERS, MILDRED	
3.3 STREET ADDRESS	8330 112TH ST. N.	
3.4 CITY-ST-ZIP	SEMINOLE, FL 33772	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CATHERINE D. HOLEVA 3/4/99 727/393-7502

Date

Daytime Phone #

CR2E034 (11/98)