

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90015 030 ***150.00

DOCUMENT # 316138

1. Entity Name

SEMINOLE GARDENS APARTMENT NO 15-D, INC.



Principal Place of Business

8330 112TH ST. N.
SEMINOLE FL 33772
US

Mailing Address

8330 112TH ST. N.
SEMINOLE FL 33772
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1207017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLES, ROBERT G.
8330 112TH ST N
SEMINOLE FL 33772

Name

LORENA P. CASTLES

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

8330 112th STREET NORTH

City

SEMINOLE

FL

Zip Code
33772

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lorena P. Castles

3/4/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME BECKER, ALLEN
STREET ADDRESS 8330 112TH ST N
CITY-ST-ZIP SEMINOLE FL

TITLE ☒ Change ☐ Addition
NAME ROBERT QUIGLEY
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CORBEN, EVELYN
STREET ADDRESS 8330 112TH ST. NORTH
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BYRNE, THERESA
STREET ADDRESS 8330 112TH ST. N
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME KANSCHAT, ELFRIEDA
STREET ADDRESS 8330 112TH ST. NORTH
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME DARSON, EDMUND
STREET ADDRESS 8330 112TH ST. N.
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elfrieda Kanschot* **Elfrieda Kanschot** 3/1/04 727/393-7502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #