
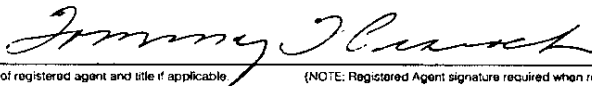
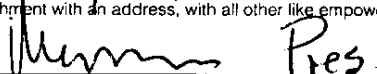


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90091 035 ***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 - No P.O. Box #		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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEACOCK, TOMMAY T PRES 8330 112TH ST N SEMINOLE, FL 33772			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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				DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MINNS, BENJAMIN	NAME			
STREET ADDRESS	8330 112TH ST N	STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE, FL 33772	CITY-ST-ZIP			
TITLE	1VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DIEDERICH, RICHARD	NAME	POMARA, Ann Indup		
STREET ADDRESS	8330 112TH ST. NORTH	STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE, FL 33772	CITY-ST-ZIP			
TITLE	2VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCLAFIN, JOANNE	NAME	1st VP		
STREET ADDRESS	8330 112TH ST. N	STREET ADDRESS	←		
CITY-ST-ZIP	SEMINOLE, FL 33772	CITY-ST-ZIP			
TITLE	S/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANDROWICZ, JEAN	NAME			
STREET ADDRESS	8330 112TH ST. NORTH	STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE, FL 33772	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-08			