


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90236 011 \*\*\*150.00

<b>DOCUMENT # 320041</b>					
1. Entity Name SEMINOLE GARDENS APARTMENT NO. 16-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		4. FEI Number 59-1207016	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTLES, LORENA P 8330 112TH ST. NORTH SEMINOLE, FL 33722			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STORMS, MARJORIE		NAME		
STREET ADDRESS	8330 112TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENNINGTON, DONALD		NAME		
STREET ADDRESS	8330 112TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, FRANCES		NAME		
STREET ADDRESS	8330 112TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAIKER, RUTH		NAME		
STREET ADDRESS	8330 112TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUNE, ROBERT		NAME		
STREET ADDRESS	8330 112TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kamrada, Edward	
STREET ADDRESS			STREET ADDRESS	8330 112th St. N.	
CITY-ST-ZIP			CITY-ST-ZIP	Seminole, FL	
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: <u>Edward J. Kamrada</u>		Edward J. Kamrada		23 3-25-05 727 3999287	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	