2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 345132

FILED May 01, 2006 Secretary of State

Entity Name: SEMINOLE GARDENS APARTMENT NO 21-G, INC.

	Principal Place	ot Rusiness:	New Principal Place	of Business:
8330 112T SEMINOL	TH ST., N. E, FL 33772	US		
Current N	/lailing Addres	ss:	New Mailing Address	s:
8330 1127 SEMINOL	TH ST., N. E, FL 33772	US		
FEI Number	r: 59-1285208	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
8330 1127	S, LORENA P TH ST N E, FL 33772	US	PEACOCK, TOMMAY 8330 112TH ST N SEMINOLE, FL 33772	
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE: TOMMAY	T PEACOCK		05/01/2006
	Electror	nic Signature of Registered Age	ent	Date
		3(2)(b), F.S., the corporation did no	t receive the prior notice.	
	ilipalyli fillalicili	g Trust Fund Contribution ().		
	S AND DIREC	- , ,	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address:	S AND DIREC	TORS: Delete ATRICIA	ADDITIONS/CHANGI Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTOR () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIREC V () BERNSTEIN, P 8330 112TH ST SEMINOLE, FL	TORS: Delete ATRICIA N 33772 Delete MARY BELLE	Title: Name: Address:	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	S AND DIREC V () BERNSTEIN, P. 8330 112TH ST SEMINOLE, FL VP () DEWANDLER, 8330 112TH ST SEMINOLE, FL	TORS: Delete ATRICIA N 33772 Delete MARY BELLE N 33772	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition
	S AND DIREC V () BERNSTEIN, P 8330 112TH ST SEMINOLE, FL VP () DEWANDLER, 8330 112TH ST SEMINOLE, FL S () DAVID, MARY 8330 112TH ST SEMINOLE, FL	TORS: Delete ATRICIA N 33772 Delete MARY BELLE N 33772 Delete N 33772 Delete N 33772	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: TOMMAY T PEACOCK PRES 05/01/2006