Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90018 022 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 363440

1. Corporation Name

SEMINOLE GARDENS APARTMENT NO 26-E INC.

OLIMITO	LE GAMBENO ANAMARIN	7 770 20 2 1110					
Principal Place	e of Business	Mailing Address				(	might diant last.
8330 112TH ST. N. 8330 112TH ST. N.							
SEMINOLE FL 33772 SEMINOLE FL 33772 US US					DO NOT WRITE II	N THIS SPACE	
US	05			3. Date Incorporated or Qualifed			
					04/30/1970		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26		59-1317369		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	• -	Additional	
22		27					Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip Country		28	Zip Country		8. This corporation owes the current y		101 663
24	25	29 3	_ `		Personal Property Tax.	Yes	₽No
<u> </u>	9. Name and Address of Curre		1		10. Name and Address of New Regis	stered Agent	
			81	Name			
Castles, Robert C.			82	Street /	Address (P.O. Box Number is Not Acceptable)		<del>`</del>
	112TH ST N		02	Sueet	Address (P.O. Box Number is Not Acceptable)		
SEM	INOLE FL 33772		83				
			84	City		85 Zip	Code
		<u></u>	1			FL	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was aut	horized by	the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its appointment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable (NOTE: 8	legistered Age	nt signature re	required when reinstating)	DATE	<del></del>
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12
TITLE	T	<b>™</b> DELETE	1.1 TITLE		T	Change	Addition
NAME	WITHROW, MYRTLE		12 NAME		GILLETTE, MARY		l
STREET ADDRESS	8330 112TH ST N		1.3 STREE	T ADDRESS	8330 112 M ST. N.		İ
CITY-ST-ZIP	SEMINOLE, FL 00000		1.4 CITY-S	T-ZIP	SEMINOLE, A 3377L	<u>.                                    </u>	
TITLE	Р	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	AUCLAIR, RAYMOND 221		2.2 NAME	İ			
STREET ADDRESS	8330 112TH ST N		2.3 STREE	T ADDRESS	,		
CITY-ST-ZIP	SEMINOLE, FL 00000		2. 4 CITY-5	T-ZIP			
TITLE	V	DELETE	3.1 TITLE		<u> </u>	Change	Addition
NAME	ROTHROCK, ROBERT		3.2 NAME		MODICA, RAPHAELA 8330 ILLH ST.N.		1
STREET ADORESS	8330 112TH ST N		3.3 STREE	TADDRESS			
CITY-ST-ZIP	SEMINOLE, FL 00000		3.4. CITY-5	ST-ZIP	SEMINOLE, FL 3377		Addition
TITLE	S	☐ DELETE	4.1 TITLE			☐ Change	
NAME	AUCLAIR, VIRGINIA		4. 2 NAME				
STREET ADDRESS	8330 112TH ST N			TADDRESS			
CITY-ST-ZIP	SEMINOLE, FL 00000	ET DELETE	4.4 CITY-S	T-ZIP		Change	Addition
TITLE	V	☐ DELETE	5.1 TITLE	i		□ Cilarige	
NAME	FENDERSON, JEAN		5.2 NAME	T ADDDESS			ŧ
STREET ADDRESS	8330 112TH ST N		ľ	T ADDRESS			
CITY-ST-ZIP	SEMINOLE, FL 00000	DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP		☐ Change	Addition
TITLE		☐ OCLETE	6.7 HILL 6.2 NAME	-			
NAME.				T ADDRESS			
STREET ADDRESS.			0.0 GIRCE		İ		

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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP