

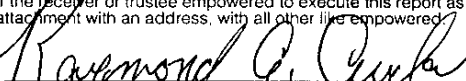


FILED
Apr 21, 2008 8:00 am
Secretary of State

<h1 style="margin: 0;">DOCUMENT # 363440</h1>		
1. Entity Name SEMINOLE GARDENS APARTMENT NO 26-E 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
6. Name and Address of Current Registered Agent		
PEACOCK, TOMMAY T PRES 8330 112TH ST. NORTH SEMINOLE, FL 33772		Name
		Street Address
		City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE: 		(NOTE: Registered Agent signature required)
FILE NOW!!! FEE IS \$150.00 After May 1, 2000 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad
10. OFFICERS AND DIRECTORS		
TITLE	TR	<input type="checkbox"/> Delete
NAME	GILLETTE, MARY	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	AUCLAIR, RAYMOND	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	NICHOLS, KATHLEEN	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	AUCLAIR, VIRGINIA	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL, FL 33772	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	CARAVANA, SHIRLEY	
STREET ADDRESS	8330 112TH ST N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 600, F.S., changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR