

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719368

FILED
Apr 25, 2006
Secretary of State

Entity Name: SEMINOLE-ON-THE-GREEN, CAVALIER BUILDING ONE ASSOCIATION, INC.

Current Principal Place of Business:

8950 PARK BOULEVARD
APT 110
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

8950 PARK BOULEVARD
APT 110
SEMINOLE, FL 33777 US

New Mailing Address:

RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 US

FEI Number: 59-1674716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUPA, TOM
8950 PARK BLVD #305
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

REINHARDT, DEBBIE
8950 PARK BLVD #305
SEMINOLE, FL 33777 US

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.

SIGNATURE: DEBBBIE REINHARDT

04/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAGGY, JO ANN
Address: 8950 PARK BLVD #103
City-St-Zip: SEMINOLE, FL 33777

Title: ST () Delete
Name: KRUPA, TOM
Address: 8950 PARK BLVD #305
City-St-Zip: SEMINOLE, FL 337774122

Title: D () Delete
Name: LEWIS, RICHARD
Address: 8950 PARK BLVD #105
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: HOOKER, GEORGE
Address: 8950 PARK BLVD #206
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: NAVARRE, FRED
Address: 8950 PARK BLVD #505
City-St-Zip: SEMINOLE, FL

Title: D () Delete
Name: WAGGETT, RALPH
Address: 8950 PARK BLVD. #504
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROBEY, ROBERT
Address: 8950 PARK BLVD #202
City-St-Zip: SEMINOLE, FL 33777

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM KRUPA

ST

04/25/2006

Electronic Signature of Signing Officer or Director

Date