

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 720917

1. Entity Name
**SEMINOLE LAKE COUNTRY CLUB ESTATES
HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business
**6777 GREENBRIER DRIVE
SEMINOLE, FL 33777 US**

Mailing Address
**6777 GREENBRIER DRIVE
SEMINOLE, FL 33777 US**

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1446172

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FILZMAIER, ROBERTA
6777 GREENBRIER DRIVE
SEMINOLE, FL 33777**

**DO NOT WRITE
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE

Robert Filzmaier

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FILZMAIER, ROBERTA
STREET ADDRESS	6777 GREENBRIER DRIVE
CITY- ST- ZIP	SEMINOLE, FL 33777
TITLE	PD
NAME	STARR, FLOYD
STREET ADDRESS	8922 ST. ANDREWS DRIVE
CITY- ST- ZIP	SEMINOLE, FL 33777
TITLE	VD
NAME	WORMAN, MICHAEL
STREET ADDRESS	8955 ST. ANDREWS
CITY- ST- ZIP	SEMINOLE, FL 33777
TITLE	SD
NAME	KOLETIC, JEANNE
STREET ADDRESS	7011 GREENBRIER
CITY- ST- ZIP	SEMINOLE, FL 33777
TITLE	TD
NAME	WAKUP, PAT
STREET ADDRESS	6977 GREENBRIER
CITY- ST- ZIP	SEMINOLE, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000955714
07/22/08-80003-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Filzmaier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-08

Date

Daytime Phone #