2006 NOT-FOR-PROFIT CORPORATION

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06-05-2006 90147 044 ****61.25

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ANNUAL REPORT	
OCUMENT # 731474	
Entity, blooms	100

SEMORAN PINES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 5111 ST CHARLES LANE

Mailing Address 5111 ST CHARLES LANE

ORLANDO, FL				31 CHARLES LANG 100, FL 32822	1						
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Suite, Apt.				e, Apt. #, etc.	110-110		04282006	Chg-NP	CR	2E037 (4/06)	
City & State	ido	Flon da	On	& State	Flond	٦_	4. FEI Numbe 59-1628	3392			plied For t Applicable
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	6. Name :	and Address of Current	Registered	l Agent		<u> </u>	7. Name and	Address of Ne	w Register	ed Agent	
CLAYTON 1065 MAIT MAITLAND	LAND CE	NTER COMMONS E	BLVD		Street A	ddress (P.O. Box Numbe	ASh er is Not Accept	ev (able)		
	•				180	1 0	look	Avenu		- Zio Codi	_
					On	an	<u>do.</u>		_	EL Zip Code	206
8. The above the obligat	named entity ions of registe	submits this statement fo	or the purpo	se of changing its	egistered office of	r register	red agent, or bot	h, in the State o	f Florida. 1	am familiar with,	and accept
iiio ooliga.	iona or regiona	noo agont.	1	W/							
SIGNATURE .	Signature, typed o	or printed name of registered agent	and title II applic	cable. (NOTE:	Registered Agent signa	ture required	d when reinstating)		- DA	TE.	
			1								
	_	•		9. Election Cam Trust Fund C			\$5.00 May B Added to Fees	e		eck payable to partment of St	
10.	Due by M	•	RECTORS	Trust Fund C			\$5.00 May B Added to Fees ADDITIONS/CHA		Florida De	partment of St	ate
TITLE	Due by M	ay 1, 2006 OFFICERS AND DIF	RECTORS		11.		Added to Fees		Florida De	partment of St	ate
	PD QUINTON	ay 1, 2006 OFFICERS AND DIF	RECTORS	Trust Fund C	ontribution.		Added to Fees		Florida De	partment of SI	ate
TITLE NAME	PD QUINTON, 5104 LAM	ay 1, 2006 OFFICERS AND DIF	RECTORS	Trust Fund C	11. TITLE NAME		Added to Fees		Florida De	partment of SI	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD QUINTON, 5104 LAM/ ORLANDO	AY 1, 2006 OFFICERS AND DIF KEVIN L ANCHA COURT O, FL 32822	RECTORS	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T 5	Added to Fees ADDITIONS/CH/	ANGES TO OFF	Florida De	partment of SI	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD QUINTON, 5104 LAM/ORLANDO TD PEREZ, W	ay 1, 2006 OFFICERS AND DIF KEVIN L ANCHA COURT), FL 32822	RECTORS	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TO	Added to Fees ADDITIONS/CH/	ANGES TO OFF	Florida De	partment of SI DIRECTORS IN Change	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD QUINTON, 5104 LAM/ORLANDO TD PEREZ, W 5143 LAM/	AY 1, 2006 OFFICERS AND DIF KEVIN L ANCHA COURT O, FL 32822 FILFREDO ANCHA COURT	RECTORS	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD (h) x 510	added to Fees ADDITIONS/CHA	ANGES TO OFF	Florida Del	partment of SI DIRECTORS IN Change	ate
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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. Kevin L. Quinton

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2006