
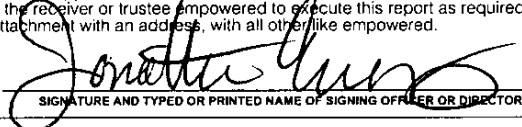


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90010 045 \*\*\*\*61.25

<b>DOCUMENT # 731474</b> 1. Entity Name <b>SEMORAN PINES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1801 COOK AVE ORLANDO, FL 32806</b>			Mailing Address <b>1801 COOK AVE ORLANDO, FL 32806</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1628392</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>ASHER, STEVEN D 1801 COOK AVE ORLANDO, FL 32806</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTON, KEVIN L 5104 LAMANCHA COURT ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Eisenberg, Jonathan 5751 St. Christopher DR Orlando, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHILLING, CHRISTINE 5102 LAMANCHA CT ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete	TITLE VP NAME TD STREET ADDRESS CITY-ST-ZIP	Sandy Zeppieri 5132 St. Charles Ln. Orlando, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EISENBERG, JONATHAN 5751 ST. CHRISTOPHER DR ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Yolanda Del Valle 5106 Lm Mancha Ct. Orlando, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			Date <b>5/17/07</b> Daytime Phone #		