2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 731474

Entity Name: SEMORAN PINES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1801 COOK AVE
ORLANDO, FL 32806

New Principal Place of Business:

137 S. COURTENAY PKWY #683
MERRITT ISLAND, FL 32952

Current Mailing Address:

1801 COOK AVE
ORLANDO, FL 32806

New Mailing Address:

137 S. COURTENAY PKWY #683
MERRITT ISLAND, FL 32952

FEI Number: 59-1628392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASHER, STEVEN D
1801 COOK AVE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

TCB PROPERTY MANAGEMENT
137 S. COURTENAY PKWY #683
MERRITT ISLAND, FL 32952 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: SHARON LOCKAMY 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VTD ( ) Delete
Name: ZEPPIERI, SANDY
Address: 5132 ST. CHARLES LN.
City-St-Zip: ORLANDO, FL 32822

Title: SD ( ) Delete
Name: EXIMOND, MIRELLE
Address: 5753 ST. CHRISTOPHER DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: PD ( ) Delete
Name: DELVALLE, YOLANDA
Address: 5106 LA MANCHA CT
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: SCHILLING, SANDY
Address: 5102 LA MANCHA COURT
City-St-Zip: ORLANDO, FL 32822

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 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: YOLANDA DELVALLE PD 04/29/2009
Electronic Signature of Signing Officer or Director Date