

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734336** (1)  
1. Corporation Name  
**SOUTHEAST SEMNOLE CIVIC ASSOCIATION, INC.**



Principal Place of Business <b>PO BOX 660627 CHULUOTA FL 32766-0627 US</b>	Mailing Address <b>PO BOX 660627 CHULUOTA FL 32766-0627 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>11/17/1975</b>	
4. FEI Number <b>59-2876523</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BONGIORNO, BARBARA J 266 CLEARVIEW ROAD CHULUOTA FL 32766</b>
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10. Name and Address of New Registered Agent 81 Name <b>Jean A. Cortes</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>270 Clearview Road</b> 83 84 City <b>Chuluota, FL</b> 85 Zip Code <b>32766</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jean A. Cortes* DATE **April 13, 1998**

12. OFFICERS AND DIRECTORS	
TITLE	PO <input type="checkbox"/> DELETE
NAME	<b>PELFREY, MICHAEL</b>
STREET ADDRESS	<b>809 SNOW QUEEN DR.</b>
CITY - ST - ZIP	<b>CHULUOTA FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>HEINKEL, RICHARD</b>
STREET ADDRESS	<b>324 KIWANIS CIRCLE</b>
CITY - ST - ZIP	<b>CHULUOTA FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>RUMPEL, BARBAR</b>
STREET ADDRESS	<b>133 S. OVERLOOK DR.</b>
CITY - ST - ZIP	<b>CHULUOTA FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>CORTES, JEAN</b>
STREET ADDRESS	<b>270 CLEARVIEW RD</b>
CITY - ST - ZIP	<b>CHULUOTA FL</b>
TITLE	VPD <input type="checkbox"/> DELETE
NAME	<b>VALIN JAMES</b>
STREET ADDRESS	<b>PO BOX 660337 N/A</b>
CITY - ST - ZIP	<b>CHULUOTA FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>VALIN, JAMES</b>
STREET ADDRESS	<b>P O BOX 660337 NA</b>
CITY - ST - ZIP	<b>CHULUOTA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PELFREY, MICHAEL</b>
1.3 STREET ADDRESS	<b>809 SNOW QUEEN DRIVE</b>
1.4 CITY - ST - ZIP	<b>CHULUOTA, FL 32766</b>
2.1 TITLE	D VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HEINKEL, RICHARD</b>
2.3 STREET ADDRESS	<b>324 KIWANIS CIRCLE</b>
2.4 CITY - ST - ZIP	<b>CHULUOTA, FL 32766</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VALIN, JAMES NA</b>
5.3 STREET ADDRESS	<b>P.O. Box 660337</b>
5.4 CITY - ST - ZIP	<b>CHULUOTA, FL 32766-0337</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jean A. Cortes* Jean A. Cortes April 13, 1998 407-365-7372

CR2E037 (10/97)