


FILE NOW: FILING FEE IS \$61.25

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90033 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 734336					
1. Corporation Name SOUTHEAST SEMINOLE CIVIC ASSOCIATION, INC.					
Principal Place of Business PO BOX 660627 CHULUOTA FL 32766-0627 US			Mailing Address PO BOX 660627 CHULUOTA FL 32766-0627 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/17/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2876523	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORTES, JEAN A 270 CLEARVIEW ROAD CHULUOTA FL 32766				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELFREY, MICHAEL			1.2 NAME	Pelfrey, Michael		
STREET ADDRESS	809 SNOW QUEEN DR.			1.3 STREET ADDRESS	809 Snow Queen Dr.		
CITY-ST-ZIP	CHULUOTA FL 32766			1.4 CITY-ST-ZIP	Chuluota, FL 32766		
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEINKEL, RICHARD			2.2 NAME	Heinkel, Richard		
STREET ADDRESS	324 KIWANIS CIRCLE			2.3 STREET ADDRESS	324 Kiwanis Circle		
CITY-ST-ZIP	CHULUOTA FL 32766			2.4 CITY-ST-ZIP	Chuluota, FL 32766		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUMPEL, BARBAR			3.2 NAME			
STREET ADDRESS	133 S. OVERLOOK DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHULUOTA FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORTES, JEAN			4.2 NAME			
STREET ADDRESS	270 CLEARVIEW RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHULUOTA FL			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALIN JAMES			5.2 NAME	Valin, James		
STREET ADDRESS	PO BOX 660337 N/A			5.3 STREET ADDRESS	P.O. Box 660337		
CITY-ST-ZIP	CHULUOTA FL 32766			5.4 CITY-ST-ZIP	Chuluota, FL 32766		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Tenekedes, Becky		
STREET ADDRESS				6.3 STREET ADDRESS	327 Kiwanis Circle		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Chuluota, FL 32766		

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, with all other like empowered.

SIGNATURE: Jean A. Cortes REQUIRED Jean A. Cortes, Treasurer (407)365-7372
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #