

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 734336**

1. Entity Name  
SOUTHEAST SEMINOLE CIVIC ASSOCIATION, INC.



Principal Place of Business  
PO BOX 622822  
OVIEDO, FL 32762-2822 US

Mailing Address  
PO BOX 622822  
OVIEDO, FL 32762-2822 US



03092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2876523

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORTES, JEAN A  
270 CLEARVIEW ROAD  
CHULUOTA, FL 32766

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PELFREY, MICHAEL
STREET ADDRESS	809 SNOW QUEEN DR.
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	TD
NAME	CORTES, JEAN
STREET ADDRESS	270 CLEARVIEW RD
CITY-ST-ZIP	CHULUOTA, FL
TITLE	D
NAME	VALIN JAMES
STREET ADDRESS	PO BOX 660337 N/A
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	SD
NAME	TENEKEDES, BECKY
STREET ADDRESS	327.KIWANIS CIR
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000667739  
03/27/07-80002-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Jean A Cortes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/07  
Date

407-365-7372  
Daytime Phone #