

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734336

FILED
Mar 09, 2009
Secretary of State

Entity Name: SOUTHEAST SEMINOLE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 622822
OVIEDO, FL 327622822 US

New Principal Place of Business:

270 CLEARVIEW ROAD
CHULUOTA, FL 32766 US

Current Mailing Address:

PO BOX 622822
OVIEDO, FL 327622822 US

New Mailing Address:

P.O. BOX 622822
OVIEDO, FL 327622822 US

FEI Number: 59-2876523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, JEAN A
270 CLEARVIEW ROAD
CHULUOTA, FL 32766 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BONGIORNO, FRANK
Address: 266 CLEARVIEW RD
City-St-Zip: CHULUOTA, FL 32766

Title: TD () Delete
Name: CORTES, JEAN
Address: 270 CLEARVIEW RD
City-St-Zip: CHULUOTA, FL

Title: D () Delete
Name: VALIN JAMES,
Address: PO BOX 660337 N/A
City-St-Zip: CHULUOTA, FL 32766

Title: SD () Delete
Name: TENEKEDES, BECKY
Address: 327 KIWANIS CIR
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEAN A. CORTES

TD

03/09/2009

Electronic Signature of Signing Officer or Director

Date