

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741791

FILED
Apr 28, 2009
Secretary of State

Entity Name: SEMORAN RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

5446 DECATUR ST
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

5446 DECATUR ST
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 59-2125848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAZQUEZ, E. FRANK
1953 KING ARTHURS CT.
WINTER PARK, FL 32792 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: VAZQUEZ, E. FRANK
Address: 1953 KING ARTHURS CT
City-St-Zip: WINTER PARK, FL 32792

Title: VPD () Delete
Name: VASQUEZ, FRANCISCO
Address: 10842 DEARDEN CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: STD () Delete
Name: TAP, HENRY
Address: 2809 TECH DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: ASD () Delete
Name: MARINARO, JOE
Address: 278 BERMUDA BEACH DRIVE
City-St-Zip: FT. PIERCE, FL 34949

Title: D () Delete
Name: DIDOMENICO, PAUL
Address: 76072 TIDEVIEW LANE
City-St-Zip: YULEE, FL 32097

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:

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: HENRY TAP

STD

04/28/2009

Electronic Signature of Signing Officer or Director

Date