

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743049 (9)

1. Corporation Name

**SEMINOLE HILL VILLAS RESIDENT MANAGEMENT ASSOCIA
TION, INC.**

Principal Place of Business

Mailing Address

12400 PARK BLVD.
SEMINOLE, FL
34642

12400 PARK BLVD.
SEMINOLE, FL
34642

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **05/30/1978** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1840237** Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
21	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required
22	27	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City & State	City & State	
23	28	
Zip	Country	
24	25	
	29	
	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RANAZZO, FRANK M.
CUSTOM COMMUNITY MANAGEMENT
2331 BELLELAIR RD, SUITE B
CLEARWATER FL 34624**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, on 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 607.0505, Florida Statutes.

SIGNATURE

Frank M. Ranzo

4-18-95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTNER, ROBERT	1.2 NAME	VP MORACA, William
STREET ADDRESS	12400 PARK BLVD #318	1.3 STREET ADDRESS	12400 Park Blvd. #225
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	SEMINOLE, FL 34642
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERHILL, EARL	2.2 NAME	
STREET ADDRESS	12400 PARK BLVD., #110	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, HERBERT	3.2 NAME	
STREET ADDRESS	12400 PARK BLVD., #219	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAKIN, CHARLES	4.2 NAME	D Smaliks Emma B.
STREET ADDRESS	12400 PARK BLVD., #523	4.3 STREET ADDRESS	12400 Park Blvd. #204
CITY-ST-ZIP	SEMINOLE, FL 00000	4.4 CITY-ST-ZIP	Seminole, FL 34642
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHALSKI, FRANK	5.2 NAME	
STREET ADDRESS	12400 PARK BLVD #103	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTIELLO, NICK	6.2 NAME	P ABBATIello, Nick
STREET ADDRESS	12400 PARK BLVD #408	6.3 STREET ADDRESS	12400 Park Blvd. #406
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	Seminole FL 34642

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

Earl Underhill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 95 398-6211
DATE DAYTIME PHONE #

149049

Seminole Hill Villas

4-18-95

Resident Management Association, Inc

Additional Director:

D

Peabody Act L

12400 Park Blvd # 212

Seminole, FL 34642