

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 743049 (9)

1. Corporation Name
SEMINOLE HILL VILLAS RESIDENT MANAGEMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address
12400 PARK BLVD. SEMINOLE, FL. 34642 **12400 PARK BLVD. SEMINOLE, FL. 34642**

3. Date Incorporated or Qualified **05/30/1978** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **to Custom Community Mgmt**
22 City & State 27 **2331 Belleair Road; Suite D**
23 Zip Country 28 **Clearwater, FL**
24 25 29 **34624** 30

4. FEI Number **59-1840237** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RANDAZZO, FRANK M.
CUSTOM COMMUNITY MANAGEMENT
2331 BELLELAIR RD, SUITE B
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent
81 Name **Frank M. Randazzo, LCAM**
82 Street Address (P.O. Box Number is Not Acceptable) **Custom Community Management, Inc.**
83 **2331 Belleair Road; Suite D**
84 City **Clearwater** FL 85 Zip Code **34624**

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 *Frank M. Randazzo* **FRANK M. RANDAZZO** DATE **2-19-96**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PORTNER, ROBERT 12400 PARK BLVD #318 SEMINOLE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT UNDERHILL, EARL 12400 PARK BLVD., #110 SEMINOLE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, HERBERT 12400 PARK BLVD., #219 SEMINOLE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALIKS, EMMA B 12400 PARK BLVD., #204 SEMINOLE, FL 00000 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MICHALSKI, FRANK 12400 PARK BLVD #103 SEMINOLE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABBATIello, NICK 12400 PARK BLVD., 406 SEMINOLE FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	DVP Emma Smaliks 12400 Park Blvd #204 Seminole, FL 34642 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	D ARLENE STEVENS 12400 PARK BLVD, #107 SEMINOLE, FL 34642 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (same)
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	D Art Peabody 12400 Park Blvd #212 Seminole, FL 34642 <input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	D FRANK MICHALSKI 12400 PARK BLVD, #103 SEMINOLE FL 34642 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	DS James Martell 12400 Park Blvd #519 Seminole, FL 34642 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	P Herbert Carter 12400 Park Blvd #219 Seminole, FL 34642 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert E. Carter* **HERBERT E. CARTER** DATE **2/20/96** DAYTIME PHONE # **397-1479**

CR2E037 (12/95)