

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 *610 Custom Community Mgmt*

22 City & State

27 *2331 Belleair Road; Suite D*

23 Zip

Country

28 City & State

29 *Clearwater, FL*

24 Zip

Country

29 *34624*

30 Country

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

10. Name and Address of New Registered Agent

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

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

2-19-96

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

NOTE: Registered Agent's signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
DVP	Emma Smaliks	12400 Park Blvd #204	Seminole, FL 34642	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ARLENE STEVENS	12400 PARK BLVD., #107	SEMINOLE, FL 34642	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Art Peabody	12400 Park Blvd #212	Seminole, FL 34642	<input type="checkbox"/>	<input type="checkbox"/>
D	FRANK MICHALSKI	12400 PARK BLVD., #103	SEMINOLE FL 34642	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	James Martell	12400 Park Blvd #519	Seminole, FL 34642	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
P	Herbert Carter	12400 Park Blvd #219	Seminole, FL 34642	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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** **4/30/96** **397-1479**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)