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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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
C/O CONDOMINIUM MANAGEMENT GROUP, INC.
PO BOX 47068
ST PETERSBURG FL 33743-7068
US

3. Date Incorporated or Qualified 05/30/1978
3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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 BELLEAIR STE D
CLEARWATER FL 34624

10. Name and Address of New Registered Agent
81 Name Wisheid, Debra R.
82 Street Address (P.O. Box Number is Not Acceptable) 1700 - 66th Street North, Suite # 207
83
84 City St. Petersburg FL 85 Zip Code 33743

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 *Debra R. Wisheid* DATE 3/28/97

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SMALIKS, EMMA	
STREET ADDRESS	12400 PARK BLVD #318	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	UNDERHILL, EARL	
STREET ADDRESS	12400 PARK BLVD., #110	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEABODY, ART	
STREET ADDRESS	12400 PARK BLVD 212	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MICHALSKI, FRANK	
STREET ADDRESS	12400 PARK BLVD 103	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MARTELL, JAMES	
STREET ADDRESS	12400 PARK BLVD 519	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CARTER, HERBERT	
STREET ADDRESS	12400 PARK BLVD 219	
CITY-ST-ZIP	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice-President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Martell, James	
1.3 STREET ADDRESS	12400 Park Blvd. #519	
1.4 CITY-ST-ZIP	Seminole, Fl 33772	
2.1 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fazio, Angelo	
2.3 STREET ADDRESS	12400 Park Blvd #416	
2.4 CITY-ST-ZIP	Seminole, FL 33772	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Paraboly, Eugene	
3.3 STREET ADDRESS	12400 Park Blvd. #126	
3.4 CITY-ST-ZIP	Seminole, FL 33772	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Stevens, Arlene	
5.3 STREET ADDRESS	12400 Park Blvd. #107	
5.4 CITY-ST-ZIP	Seminole, FL 33772	
6.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Smaliks, Emma	
6.3 STREET ADDRESS	12400 Park Blvd #204	
6.4 CITY-ST-ZIP	Seminole, FL 33772	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Emma B. Smaliks Pres* 3/26/97 398-2553

CR2E037 (9/96)