


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743049
 1. Corporation Name
 Seminole Hill Villas Resident Mgmt. Assoc. Inc

Principal Place of Business	Mailing Address
CUSTOM COMMUNITY MGMT 2331 BELLEAIR RD, STE D CLEARWATER, FL. 33764	SAME

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	5/1/1973
4. FEI Number	59-1840237
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FRANK M. RANDAZZO
 c/o CUSTOM COMMUNITY MGMT.
 2331 BELLEAIR RD. STE. D
 CLEARWATER, FL. 33764

10. Name and Address of New Registered Agent

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

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: 3/30/98

12. OFFICERS AND DIRECTORS

TITLE	EMMA SMALIKS, P	<input type="checkbox"/> DELETE
NAME	12400 PARK BLVD. #204	
STREET ADDRESS	SEMINOLE, FL. 33772	
CITY-ST-ZIP		
TITLE	ANGELO FAZIO T	<input type="checkbox"/> DELETE
NAME	12400 PARK BLVD. #416	
STREET ADDRESS	SEMINOLE, FL. 33772	
CITY-ST-ZIP		
TITLE	JAMES MARTEL D	<input type="checkbox"/> DELETE
NAME	12400 PARK BLVD. #519	
STREET ADDRESS	SEMINOLE, FL. 33772	
CITY-ST-ZIP		
TITLE	HELEN THOMAS S	<input type="checkbox"/> DELETE
NAME	12400 PARK BLVD. #308	
STREET ADDRESS	SEMINOLE, FL. 33772	
CITY-ST-ZIP		
TITLE	EUGENE PRASOL D	<input type="checkbox"/> DELETE
NAME	12400 PARK BLVD. #	
STREET ADDRESS	SEMINOLE, FL. 33772	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I 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 Smaliks* DATE: 3/30/98 (813) 398-2553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)