

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90023 050 ****61.25

DOCUMENT # 743049

1. Corporation Name

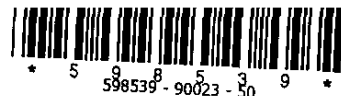
SEMINOLE HILL VILLAS RESIDENT MANAGEMENT ASSOCIA
TION, INC.

Principal Place of Business

2351 BELLEAIR ROAD, SUITE D
CLEARWATER FL 33764

Mailing Address

2351 BELLEAIR ROAD, SUITE D
CLEARWATER FL 33764



2. Principal Place of Business

21 12400 PARK BLVD.

Suite, Apt. #, etc.

22 City & State
23 SEMINOLE, FL

24 Zip 33772 Country Pinellas

2a. Mailing Address

26 2083 LOMA LINDA WAY N.

Suite, Apt. #, etc.

27 City & State
28 CLEARWATER, FL

29 Zip 33763-4111 Country Pinellas

3. Date Incorporated or Qualified

05/30/1978

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

9. Name and Address of Current Registered Agent

RANDAZZO, FRANK M
2331 BELLEAIR ROAD STE. D
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name FRANK M. RANDAZZO

82 Street Address (P.O. Box Number is Not Acceptable)

2083 LOMA LINDA WAY N.

83

84 City CLEARWATER

FL

85 Zip Code 33763-4111

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/16/99

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ABBATIello, Patricia	
1.3 STREET ADDRESS	12400 PARK BLVD. #406	
1.4 CITY-ST-ZIP	SEMINOLE, FL 33772	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEVENS, ARLENE	
2.3 STREET ADDRESS	12400 PARK BLVD. #107	
2.4 CITY-ST-ZIP	SEMINOLE, FL 33772	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARTELL, JAMES	
3.3 STREET ADDRESS	12400 PARK BLVD. #519	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PRASOL, EUGENE	
5.3 STREET ADDRESS	12400 PARK BLVD. #126	
5.4 CITY-ST-ZIP	SEMINOLE, FL 33772	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/99 (727) 398-5888

CR2E037 (5/99)