


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90023 010 \*\*\*\*61.25

<b>DOCUMENT # 744196</b> 1. Entity Name <b>SEMINOLE WOODS COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>2600 LAKE LUCIEN DRIVE SUITE 207 MAITLAND, FL 32751 US</b>			Mailing Address <b>2600 LAKE LUCIER DR SUITE 207 MAITLAND, FL 32751 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4003000	
City & State  Zip      Country		City & State  Zip      Country		03172008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>59-2613572</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COLEMAN, ROGER % RANDOLPH, SWAIN, TALLENT &amp; WHITEHEAD 2600 LAKE LUCIEN DRIVE STE 207 MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOPKINS, PATTY</b> <b>431 SEMINOLE WOODS BLVD</b> <b>GENEVA, FL 32732</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HOWSE, CHARLIE</b> <b>555 SEMINOLE WOODS BLVD</b> <b>GENEVA, FL 32732</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD-</b> <b>VEST, GARY</b> <b>349 SEMINOLE WOODS BLVD</b> <b>GENEVA, FL 32732</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCDEED, LARRY</b> <b>478 VALLEY STREAM DRIVE</b> <b>GENEVA, FL 32732</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KING, TOM</b> <b>1424 CHIPPEWA LANE</b> <b>GENEVA, FL 32732</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Howse, Charlie</b> <b>555 Seminole woods Blvd</b> <b>Geneva, FL 32732</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>vest, Gary</b> <b>349 seminole woods Blvd.</b> <b>Geneva, FL 32732</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Ron Gebauer</b> <b>486 Seminole woods Blvd.</b> <b>Geneva, FL 32732</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Gary McDonald</b> <b>653 Valley Stream Drive</b> <b>Geneva, FL 32732</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <i>Roger B. Coleman</i> 3/17/08      407-660-2412 x232					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					