

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90100 015 ****61.25

DOCUMENT # 745479

1. Entity Name
THE TOWNHOMES OF LAKE SEMINOLE CONDOMINIUM
NO. 1, ASSOCIATION, INC.



Principal Place of Business
9209 SEMINOLE BLVD
SEMINOLE, FL 34642 US

Mailing Address
147 BELCHER ROAD, NORTH
SUITE 2
LARGO, FL 34641 US

DO NOT WRITE IN THIS SPACE



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1875194

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BUXTON, BRIAN P
147 BELCHER RD
SUITE 2
LARGO, FL 34641

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE T
NAME SOUTHERN, MAE
STREET ADDRESS 9209 SEMINOLE BLVD, #5
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE DP
NAME CONTE, ANN
STREET ADDRESS 9209 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE SD
NAME ANTONELLI, LAURA
STREET ADDRESS 9209 SEMINOLE BLVD, #90
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE D
NAME DONALD ELLIOTT
STREET ADDRESS 9209 SEMINOLE BLVD #41
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: EDWARD COOK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward Cook 4/10/08 727-538-0034