

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90155 023 ****61.25

DOCUMENT # 745759

1. Entity Name
SEMINOLE GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**431 VAN BUREN STREET D4
FORT MYERS, FL 33916-3743**

Mailing Address
**431 VAN BUREN STREET D4
FORT MYERS, FL 33916-3743**

40066434



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2168613

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, JOHN D
431 VAN BUREN D4
FT MEYERS, FL 33916**

Name

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

City

FL

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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JOHNSON, JOHN D
431 VAN BUREN ST D4
FORT MYERS, FL 33916** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
WILEY, JANE
431 VAN BUREN ST #B7
FT MYERS, FL 33916** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
WILEY, JOHN
431 VAN BUREN ST E5
FT MEYERS, FL 33916** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
RAUSENBERGER, SARAH
431 VAN BUREN ST F2
FT MYERS, FL 33916** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CRONMILLER, JOHN
431 VAN BUREN ST E1
FORT MYERS, FL 33916** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRONMILLER, JOHN
431 VAN BUREN ST E1
FT MYERS, FL 33916** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BEES, STEPHEN
431 VAN BUREN ST B1
FORT MYERS, FL 33916** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILEY, JOHN
431 VAN BUREN ST #E5
FT MYERS, FL 33916** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILEY, JANE
431 VAN BUREN ST. # B7
FORT MYERS, FL 33916** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, ARLEEN
431 VAN BUREN ST. #D4
FORT MYERS, FL 33916** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FAY, HENRY
431 VAN BUREN ST F4
FORT MYERS, FL 33916** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-07