NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91220 015 ****61.25

DOCUMENT # 746675

1. Entity Name
SEMINOLE PARK MOBILE HOMEOWNERS ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

11005586

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3301 NORTH STATE ROAD 7	3301 NORTH STATE ROAD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD FL	City & State: HOLLYWOOD FL
Zip: 33021 Country: USA	Zip: 33021 Country: USA

4. FEI Number — ☐ Applied For ☑ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FRANK L. NICOLETTI

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

13 VINE ST.

City: HOLLYWOOD **FL** Zip Code: 33021

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
Pres. Chagnon Robert 4 Roads End Dr. Hollywood FL 33021			
Dir. Leo, Ralph 2 Fern Dr. Hollywood FL 33021			
Dir. Giusto, Joseph 4 Fern Dr. Hollywood FL 33021			**DO NOT WRITE**
Dir. Alexander Rapacz 29 Woodland Dr. Hollywood FL 33021			**IN THIS SPACE**
Treas. Nicole Rapacz 29 Woodland Dr. Hollywood FL 33021			
Sec. Jeannine Hopfinger 6 Acorn Dr. Hollywood FL 33021			

CR2E037B (12/02)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: NRapacz — Nicole Rapacz, Treasurer — 04,17,03 — (954)963-1586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #