2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 752310		4		04-24-2008 90120 015 ****61.25		25	
1. Entity Name SEMINOLE MOBILE HOME OWNERS CIVIC ASSOCIATION, INC.							
	ng Address						
	5 SEMINOLE BLVD.						
LOT 111 LOT 235 ST. Petersburg, FL 33708 US St. Petersburg, FL 33708		708 US			14 8811 MICH WIND STREET STREET	pa di di 185 1	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5015 SEMINOLE BLVD 5015 SEMINOLE		JOLE BL	WILL GO.	1868 Billo Wale Wale 1861		Mill in in	
Suite, Apt. #, etc. Suite, Apt. #, etc.		123	0420200	8 Chg-NP	CR2E037 (12/06)		
	Ity & State	Fi	4. FÉI NU NOT	nber APPLICABLE		plied For	
Zip Country Z	b	Country		ate of Status Desire	ed □ \$8.75 Add	litional	
33708 PINELLAS 3	3708 F	INELLA	<u> </u>		Fee Required	d	
Name T7							
MASON, C. ANNE SEMINOLE MOBILE HOME PARK Str			Address (P.O. Box Number is Not Acceptable)				
5015 SEMINOLE BLVD LOT 111			5015 SEMINDLE BLVD				
ST. PETERSBURG, FL 33708				<u> 23</u>			
		City	ST. PETE, FL 33908				
 The above named entity submits this statement for the purp the obligations of registered agent. 	pose of changing its req	gistered office o	r registered agent, or	both, in the State of	of Florida. I am familiar with,	and accept	
SIGNATURE PRESIDENT RUDY CHAISSON 4-20-08 SIgnature typed or printed name of registered apent and title if applicable. (NOTE: Registered Apent signature required when re-instating) OATE					. 08		
 Signature, typed or printed name of registered agent and title if ar 	opticable. (NOTE: Po	egistered Agent signal	ure required when reinstating)	DATE	•	
	1			<u> </u>			
Signature typed or printed name of registered agent and title if an Filling Fee is \$81.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing	\$5.00 Ma	ny Be	DATE Make check payable to Florida Department of St		
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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:

PRES. RUDY CHAISSON

9-200 08

224-1434

Daytime Phone #