

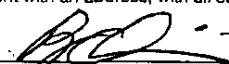


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2008 90120 015 ****61.25

DOCUMENT # 752310 1. Entity Name SEMINOLE MOBILE HOME OWNERS CIVIC ASSOCIATION, INC.			
Principal Place of Business 5015 SEMINOLE BLVD. LOT 111 ST. PETERSBURG, FL 33708 US		Mailing Address 5015 SEMINOLE BLVD. LOT 235 ST. PETERSBURG, FL 33708 US	
2. Principal Place of Business - No P.O. Box # 5015 SEMINOLE BLVD		3. Mailing Address 5015 SEMINOLE BLVD	
Suite, Apt. #, etc. LOT 123		Suite, Apt. #, etc. LOT 123	
City & State ST. PETE, FL		City & State ST. PETE, FL	
Zip 33708		Zip 33708	
Country PINELLAS		Country PINELLAS	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASON, C. ANNE SEMINOLE MOBILE HOME PARK 5015 SEMINOLE BLVD LOT 111 ST. PETERSBURG, FL 33708		7. Name and Address of New Registered Agent Name RUDY CHAISSON Street Address (P.O. Box Number is Not Acceptable) 5015 SEMINOLE BLVD LOT 123 City ST. PETE, FL Zip Code 33708	
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:  PRESIDENT RUDY CHAISSON 4-20-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P TAYLOR, SARAH 5015 SEMINOLE BLVD. SAINT PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Delete	TITLE	V DAVID MORRILL 5015 SEMINOLE BLVD #114 ST. PETE, FL 33708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T LEBEL, JEFFREY 5015 SEMINOLE BLVD. LOT 235 SAINT PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Delete	TITLE	T BRIAN BUCKLER 5015 SEMINOLE BLVD. #104 ST. PETE, FL 33708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V CHAISSON, RUDY 5015 SEMINOLE BLVD. SAINT PETERSBURG, FL 33708 <input type="checkbox"/> Delete	TITLE	P RUDY CHAISSON 5015 SEMINOLE BLVD #123 ST. PETE, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MORENO, LARRY 5015 SEMINOLE BLVD. LOT 235 SAINT PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Delete	TITLE	S JERRY REID 5015 SEMINOLE BLVD. #117 ST. PETE, FL 33708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S JONES, SANDY 5015 SEMINOLE BLVD. SAINT PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Delete	TITLE	D RICK BANTEN 5015 SEMINOLE BLVD #120 ST. PETE, FL 33708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MASON, ANNE 5015 SEMINOLE BLVD. LOT 111 SAINT PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Delete	TITLE	D ROBERT SCOTT 5015 SEMINOLE BLVD #116 ST. PETE, FL 33708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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		4-20-08 727 224-1934	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE Daytime Phone #</small>	