2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# 752310

Entity Name: SEMINOLE MOBILE HOME OWNERS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

5015 SEMINOLE BLVD.
LOT 123
ST. PETERSBURG, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

5015 SEMINOLE BLVD.
LOT 123
ST. PETERSBURG, FL 33708 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAISSON, RUDY
5015 SEMINOLE BLVD
LOT 123
ST. PETERSBURG, FL 33708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	MORRILL, DAVID	
Address:	5015 SEMINOLE BLVD, #114	
City-St-Zip:	SAINT PETERSBURG, FL 33708	
Title:	T	( ) Delete
Name:	BUCKLER, BRIAN	
Address:	5015 SEMINOLE BLVD, #104	
City-St-Zip:	SAINT PETERSBURG, FL 33708	
Title:	P	( ) Delete
Name:	CHAISSON, RUDY	
Address:	5015 SEMINOLE BLVD., #123	
City-St-Zip:	SAINT PETERSBURG, FL 33708	
Title:	S	( ) Delete
Name:	REID, JERRY	
Address:	5015 SEMINOLE BLVD, #117	
City-St-Zip:	SAINT PETERSBURG, FL 33708	
Title:	D	( ) Delete
Name:	BANTEN, RICK	
Address:	5015 SEMINOLE BLVD, #120	
City-St-Zip:	SAINT PETERSBURG, FL 33708	
Title:	D	( ) Delete
Name:	SCOTT, ROBERT	
Address:	5015 SEMINOLE BLVD, #116	
City-St-Zip:	SAINT PETERSBURG, FL 33708	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MORRILL V 05/02/2009

Electronic Signature of Signing Officer or Director — Date