

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90006 031 \*\*\*\*61.25

**DOCUMENT # 753640**

1. Entity Name  
THE TOWNHOMES OF LAKE SEMINOLE CONDOMINIUM  
NO. 4, ASSOCIATION, INC.



Principal Place of Business  
4, ASSOCIATION, INC. (THE)  
9209 SEMINOLE BLVD, #144  
SEMINOLE, FL 33772 US

Mailing Address  
4, ASSOCIATION, INC. (THE)  
9209 SEMINOLE BLVD, #144  
SEMINOLE, FL 33772 US

54021570



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-2023788

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RECINIELLO, ANGELO "CHICK" T  
9209 SEMINOLE BLVD, #144  
SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

Name  
MARY GRUBER

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

9209 SEMINOLE BLVD #144

City  
SEMINOLE

FL Zip Code  
33772

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 re-registering)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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 PD ☐ Delete  
NAME HAMMER, SANDY  
STREET ADDRESS 9209 SEMINOLE BLVD, #144  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE TD ☐ Delete  
NAME MAYES, JAYNE  
STREET ADDRESS 9209 SEMINOLE BLVD, #153  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE SD ☐ Delete  
NAME GRUBER, MARY  
STREET ADDRESS 9209 SEMINOLE BLVD, #144  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE T ☐ Delete  
NAME BIANCONI, RICHARD  
STREET ADDRESS 9209 SEMINOLE BLVD, #157  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES ☒ Change ☐ Addition  
NAME MAYES, JAYNE  
STREET ADDRESS 9209 SEMINOLE BLVD, #153  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE TREAS ☒ Change ☐ Addition  
NAME GRUBER, MARY  
STREET ADDRESS 9209 SEMINOLE BLVD, #144  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE SE ☒ Change ☐ Addition  
NAME LESSARD, JAN  
STREET ADDRESS 9209 SEMINOLE BLVD, #159  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE DIR ☒ Change ☐ Addition  
NAME LESSARD, ROBERT  
STREET ADDRESS 9209 SEMINOLE BLVD, #159  
CITY-ST-ZIP SEMINOLE, FL 33772

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Gruber Treas.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

Date

Daytime Phone #