

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT

06

FILED

06 NOV 15 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062006 REIN-NP CR2E099 (11/05)

4. FEI Number 59-2023788 Applied For Not Applicable

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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
14683 Seminole Trail
Suite, Apt. #, etc.

City & State
Seminole FL

Zip
33776

Country

6. Name and Address of Current Registered Agent
GRUBER, MARY
9209 SEMINOLE BLVD, #144
SEMINOLE, FL 33772

7. Name and Address of New Registered Agent
Name
Nora Schmittauer
Street Address (P.O. Box Number is Not Acceptable)
14683 Seminole Trail
City
Seminole FL Zip Code
33776

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 Nora Schmittauer Nora Schmittauer 10/10/06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYES, JAYNE 5209 SEMINOLE # 153 SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000080930150 10/17/06--01050--016 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRUBER, MARY 9209 SEMINOLE #144 SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nora Schm: Trauer 14683 Seminole Trail Seminole FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LESSARD, JANA 9209 SEMINOLE #159 SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V. Pres/Sec. Bea Schuman 9209 Seminole Blvd #163 Seminole FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESSARD, RICHARD J 9209 SEMINOLE #159 SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nora Schmittauer Nora Schmittauer 10/10/06 727-593
Signature typed or printed name of signing officer or director Date Daytime Phone 727

11/16