

DOCUMENT # 754669			
1. Entity Name			
SEMINOLE ESTATES ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
298 N ORANGE AVE SANFORD FL 32771 US		298 N. ORANGE AVENUE SANFORD FL 32771 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		298 N. Orange Avenue	
City & State		Sanford, FL	
Zip		32771	
Country		Seminole	
6. Name and Address of Current Registered Agent			
CORSI, SHANNON 2675 DEER PATH LANE SANFORD FL 32771			Name
			Street Address (If different from above)
			5675
			City Sanford
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Admission <input type="checkbox"/> Ad	
10. OFFICERS AND DIRECTORS		11. A	
TITLE	TD	<input type="checkbox"/> Delete	TITLE
NAME	SHANNON, CORSI		NAME
STREET ADDRESS	5675 DEER PATH LANE		STREET ADDRESS
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE
NAME	JONES, FAITH		NAME
STREET ADDRESS	763 MALLARD DR		STREET ADDRESS
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP
TITLE	PD	<input type="checkbox"/> Delete	TITLE
NAME	SMITH ELMER		NAME
STREET ADDRESS	5974 FEATHER LANE		STREET ADDRESS
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE
NAME	HAUG, PAUL		NAME
STREET ADDRESS	5857 MICHELLE LANE		STREET ADDRESS
CITY-ST-ZIP	SANFORD FL 32771		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

City & State		City & State Santford, FL		4. FEI Number 59-2100804		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		32771	Seminole				

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<p>CORSI, SHANNON <u>2675</u> DEER PATH LANE SANFORD FL 32771</p>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	5675 Deer Path Lane
	<div> <div>City</div> <div>Sanford</div> <div>FL</div> <div> <div>Zip Code</div> <div>32771</div> </div> </div>

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.

SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

<p>FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Department of State</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHANNON, CORSI 5675 DEER PATH LANE SANFORD FL <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	SD JONES, FAITH 763 MALLARD DR SANFORD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Reed, Carrie 5823 Michelle Lane Sanford, FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH ELMER 5974 FEATHER LANE SANFORD FL <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	VD HAUG, PAUL 5857 MICHELLE LANE SANFORD FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Graham, Mike 5835 Michelle Lane Sanford, FL 32771 <input checked="" 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 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: Shannon Corsi 8/1/2000 (407) 321-7149

CR2E037 (5/00)