

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754669

Entity Name: SEMINOLE ESTATES ASSOCIATION, INC.

FILED
Feb 22, 2004
Secretary of State

Current Principal Place of Business:

298 N ORANGE AVE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

298 N ORANGE AVE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-2100804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLCOX, TERRY
5639 DEER PATH LANE
SANFORD, FL 32771

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: TD () Delete
Name: WELLS, MINDI
Address: 5977 FEATHER LANE
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: TURNER, BARRY
Address: 5938 FEATHER LANE
City-St-Zip: SANFORD, FL 32771

Title: PD () Delete
Name: WILLCOX, TERRY
Address: 5639 DEER PATH LANE
City-St-Zip: SANFORD, FL 32771

Title: SD () Delete
Name: SCHUMACHER, CAROL
Address: 6109 FEATHER LANE
City-St-Zip: SANFORD, FL 32771

Title: VD () Delete
Name: TURNER, BARRY
Address: 5938 FEATHER LANE
City-St-Zip: SANFORD, FL 32771

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MINDI WELLS

TD

02/22/2004

Electronic Signature of Signing Officer or Director

Date