2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #756037

Principal Place of Business

SEMÍNOLE OAKS APARTMENTS CONDOMINIUM, INC.



/1111/.HTU3

FILED

Apr 11, 2006 8:00 am Secretary of State

04-11-2006 90100 028 ****61.25

Mailing Address

9821, 9851, SEMINOLE, F	, 9881 113TH STREET N. EL 33772 US	20	0,000	•					
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP CR2	E037 (11/05)			
City & State		City & State	City & State		 59		oplied For ot Applicable		
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add	ditional		
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Register	ed Agent			
			Name		, ., ,				
10825 SE	THOMAS W MINOLE BLVD., #1 L-33778		Street A	Street Address (P.O. Box Number is Not Acceptable)					
·			City	City FL Zip Code					
·					-				
the obligat	named entility submits this statement for ions of registaried agent.	and title if applicable. (NO)	TE: Registered Agent signat	ure required when reinstating)	DA	1E			
Filing Fee is \$61.25 Due by May 1, 2006 Trust Fund Con									
10.	OFFICERS AND DIF		11.		GES TO OFFICERS AND	DIRECTORS IN	1 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUTCHER, BRUCE A 9851 113TH STREET N. #210 SEMINOLE, FL 33772	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Rorald Crows 9851 113th St. Seminole, Fl	N.#112 32772	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BREWER, LINDA 9851 113TH STREET N. #110 SEMINOLE, FL 33772	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S) III DICKE	00.10	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, VALERIE 9881 113TH STREET N. #215 SEMINOLE, FL 33772	☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip	TA		₹ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAINATO, SANDY 9851 113TH STREET N. #212 SEMINOLE, FL 33772	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	24		⊠ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Round brown

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 Date

Daytime Phone #

☐ Change

☐ Addition

2006 NOT-FOR-PROFIT CORPORATION ATTACHMENT **ANNUAL REPORT**

DOCUMENT # 756037

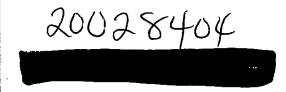
SEMINOLE OAKS APARTMENTS CONDOMINIUM, INC.

Principal Place of Business

9821, 9851, 9881 113TH STREET N. SEMINOLE, FL 33772 US

Mailing Address

10825 SEMINOLE BLVD, #1 LARGO, FL 33778



DO NOT WRITE IN THIS SPACE

03232006 No Chg-NP CR2E037 (11/05) 4. FEI Number Applied For 59-2124559 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

KAPPER, THOMAS W 10825 SEMINOLE BLVD., #1 LARGO, FL 33778

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	i Agent signature	a required when reinstating)	DATE
	Signature, speed of printed rate of logical conduction and	Trapping (10 / E. Hogistorie		required extern (underlying)	DATE .
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC		Ī		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUTCHER, BRUCE A 9851 113TH STREET N. #210 SEMINOLE, FL 33772	Delete			
TITLE	DS		1		
NAME	BREWER, LINDA				
STREET ADDRESS	9851 113TH STREET N. #110				
CITY-ST-ZIP	SEMINOLE, FL 33772				
TITLE	07	· · · · · · · · · · · · · · · · · · ·			en e
NAME	FLETCHER, VALERIE				
STREET ADDRESS	9881 113TH STREET N. #215			חח	NOT WRITE
CITY-ST-ZIP	SEMINOLE, FL 33772				MOI WINIL
TITLE	D S			IN	THIS SPACE
NAME	SAINATO, SANDY			•••	
STREET ADDRESS CITY-ST-ZIP	9851 113TH STREET N. #212 SEMINOLE, FL 33772				
	DVP		ł		
TITLE NAME	Birds CROWL				
STREET ADDRESS	2051 1137 5-17	#112			
CITY-ST-ZIP	Ronald Crowe 9851 11375 57.11. Seminole, 76	2 7 7 7 7 2			
TITLE	Jenning / L	30//	İ		
NAME					
STREET ADDRESS					
CITY_ST_7IP	Í				

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.

Remarked 19704/C