2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756037

FILED Apr 17, 2009 Secretary of State

Entity Name: SEMINOLE OAKS APARTMENTS CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business: 9821, 9851, 9881 113TH STREET N. SEMINOLE, FL 33772 **Current Mailing Address: New Mailing Address:** 10825 SEMINOLE BLVD, #1 10825 SEMINOLE BLVD LARGO, FL 33778 LARGO, FL 33778 FEI Number: 59-2124559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAPPER, THOMAS W KAPPER, THOMAS W 10825 SÉMINOLE BLVD., #1 10825 SEMINOLE BLVD LARGO, FL 33778 LARGO, FL 33778 US 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: THOMAS W KAPPER 04/17/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DVP () Change () Addition () Delete CROWE, RONALD Name: Name: 9851 113TH ST N, # 112 Address: Address: City-St-Zip: SEMINOLE, FL 33772 US City-St-Zip: Title: () Delete Title: () Change () Addition FLETCHER, VALERIE Name: Name: Address: 9881 113TH STREET N. #215 Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: Title: DS () Delete Title: (X) Change () Addition SANATO, SANDY Name: SAINATO, SANDY Name: 7100 SUNSET WAY #1005 W Address: Address: 7100 SUNSET WAY #1005 W City-St-Zip: SAINT PETERSBURG, FL 33706 City-St-Zip: SAINT PETERSBURG, FL 33706 Title: DT () Delete Title: () Change () Addition Name: MAUREEN, PANDURE Name: Address: 9851 113TH ST. N. #209 Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: Title: Title: () Delete () Change (X) Addition VOELKER, CHARLENE Name: Name: 9851 113TH STREET NORTH #211 Address: Address: City-St-Zip: City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VALERIE FLETCHER P 04/17/2009