

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757740

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** JACKSONVILLE SEMINOLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1629 SEMINOLE ROAD  
JACKSONVILLE L, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

1629 SEMINOLE ROAD  
JACKSONVILLE L, FL 32205

**New Mailing Address:**

**FEI Number:** 59-2163037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PESTINE, TRACI  
1629 SEMINOLE ROAD  
JACKSONVILLE L, FL 32205 US

**Name and Address of New Registered Agent:**

PESTINE, T.B.  
1629 SEMINOLE ROAD  
JACKSONVILLE L, FL 32205 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: T.B. PESTINE

03/24/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TSD  
Name: PADMANABHN, LAXMINARASIMHA T  
Address: 1623 SEMINOLE ROAD  
City-St-Zip: JACKSONVILLE L, FL 32205

Title: PD  
Name: PESTINE, T.B.  
Address: 1629 SEMINOLE ROAD  
City-St-Zip: JACKSONVILLE L, FL 32205

I hereby 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 all other like empowered.

SIGNATURE: T.B. PESTINE

PD

03/24/2010

Electronic Signature of Signing Officer or Director

Date