

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90050 001 ****61.25

DOCUMENT # 759244

1. Entity Name

LAKE SEMINOLE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

% CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR # 260
CLEARWATER FL 33762
US

Mailing Address

% CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR # 260
CLEARWATER FL 33762
US

04029000



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2262433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER FL 33762

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FIELDING, JAMES
STREET ADDRESS 9686 LAKE SEMINOLE DR E
CITY-ST-ZIP SEMINOLE FL 33773 ☒ Delete

TITLE VD
NAME WILSON, WAYNE
STREET ADDRESS 9696 LAKE SEMINOLE DR E
CITY-ST-ZIP SEMINOLE FL 33773 ☐ Delete

TITLE TD
NAME KRISTALL, MARGE
STREET ADDRESS 9912 LAKE SEMINOLE DR E
CITY-ST-ZIP SEMINOLE FL 33773 ☒ Delete

TITLE SD
NAME PILARSKI CAROL
STREET ADDRESS 9800 LAKE SEMINOLE DR E
CITY-ST-ZIP SEMINOLE FL 33773 ☐ Delete

TITLE D
NAME HERRON, MARY JO
STREET ADDRESS 9754 LAKE SEMINOLE DR E
CITY-ST-ZIP SEMINOLE FL 33773 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME Herron, Mar Jo
STREET ADDRESS 9754 Lake Seminole Drive East
CITY-ST-ZIP Seminole, FL 33773 ☒ Change ☐ Addition

TITLE TD
NAME Andolino, Robert
STREET ADDRESS 9899 Lake Seminole Drive West
CITY-ST-ZIP Seminole, FL 33773 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

Mar Jo Herron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-04 727-394-9419

Date Daytime Phone #