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

DOCUMENT # 759244

1. Entity Name

Zip

LAKE SEMINOLE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

Country___

6. Name and Address of Current Registered Agent

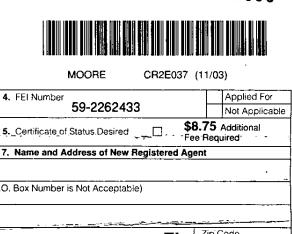
% CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR # 260 CLEARWATER FL 33762 % CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR # 260 CLEARWATER FL 33762 US

5 0	•	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

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

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

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CONDOMINIUM ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DRIVE SUITE 260 **CLEARWATER FL 33762** "Zip" Code. 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE TITLE ☐ Addition **⊠** Delete FIELDING, JAMES Herron, Mar Jo NAME NAME 9686 LAKE SEMINOLE DR E 9754 Lake Seminole Drive East STREET ADDRESS STREET ADDRESS SEMINOLE FL 33773 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE WILSON, WAYNE NAME 9696 LAKE SEMINOLE DR E 9899 Lake Seminole Drive West STREET ADDRESS STREET ADDRESS SEMINOLE FL 33773. CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition KRISTALL, MARGE NAME NAME 9912 LAKE SEMINOLE DR E -STREET ADDRESS STREET ADDRESS SEMINOLE FL 33773 CITY - ST- 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition PILARSOL CAROL NAME NAME 9800 LAKE SEMINOLE DR E STREET ADDRESS STREET ADDRESS SEMINOLE FL 33773 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HERRON, MARY JO NAME NAME 9754 LAKE SEMINOLE DR E STREET ADDRESS STREET ADDRESS SEMINOLE FL 33773 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

Name

12. I hereby certify that the information supplied with this filling 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:

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

4-5-04 727-394-9419