


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90076 042 ****70.00

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



2. Principal Place of Business
 % Ameri-Tech Prop Mgmt
 Suite, Apt. #, etc.
 1799 N. Belcher Rd, Ste 'B'

3. Mailing Address
 % Ameri-Tech Prop. Mgmt
 Suite, Apt. #, etc.
 1799 N. Belcher Rd, Ste 'B'

04052005 Chg-NP CR2E037 (10/03)

City & State
 Clearwater, FL

City & State
 Clearwater, FL

Zip
 33765

Country

Zip
 33765

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

CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE
 SUITE 260
 CLEARWATER, FL 33762

7. Name and Address of New Registered Agent

Name
 Ameri-Tech Property Mgmt

Street Address (P.O. Box Number is Not Acceptable)
 1799 N. Belcher Rd; Ste 'B'

City
 Clearwater

FL

Zip Code
 33765

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 Michael C. Perez President 4-12-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRON, MAR JO <input type="checkbox"/> Delete 9754 LAKE SEMINOLE DRIVE EAST SEMINOLE, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, WAYNE <input type="checkbox"/> Delete 9696 LAKE SEMINOLE DR E SEMINOLE, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDOLINO, ROBERT <input checked="" type="checkbox"/> Delete 9899 LAK SEMINOLE DRIVE WEST SEMINOLE, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PILARSCI, CAROL <input checked="" type="checkbox"/> Delete 9800 LAKE SEMINOLE DR E SEMINOLE, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRON, MARY JO <input checked="" type="checkbox"/> Delete 9754 LAKE SEMINOLE DR E SEMINOLE, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Nancy Giles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9888 Lk. Seminole DR E SEMINOLE, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lula Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9795 Lk. Seminole DR E. SEMINOLE, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCELLA GUNNOE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10231-98th St. N. SEMINOLE, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 president 4-12-05 727-394-9419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #