

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759244

FILED
Apr 09, 2008
Secretary of State

Entity Name: LAKE SEMINOLE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERI-TECH PROP MGMT
1799 N BELCHER RD, STE B
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERI-TECH PROP MGMT
1799 N BELCHER RD, STE B
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2262433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERI-TECH PROPERTY MGMT
1799 N BECHER RD
SUITE B
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TIRIKOS, FRANK
Address: 9675 LAKE SEMINOLE DRIVE EAST
City-St-Zip: SEMINOLE, FL 33773

Title: VPD () Delete
Name: GILES, NANCY
Address: 9888 LK SEMINOLE DR E
City-St-Zip: SEMINOLE, FL 33773

Title: SD () Delete
Name: WILLIAMS, LUIA
Address: 9795 LK SEMINOLE DR E
City-St-Zip: SEMINOLE, FL 33773

Title: D () Delete
Name: GUNNOE, MARCELLA
Address: 10251-98TH ST N
City-St-Zip: SEMINOLE, FL 33773

Title: TD () Delete
Name: CROWELL, KATHY
Address: 10350 - 97TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33733

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CROWELL, KATHY
Address: 10350 97TH STREET N
City-St-Zip: SEMINOLE, FL 33773

Title: VPD (X) Change () Addition
Name: MOORS, JERILYN
Address: 9721 LAKE SEMINOLE DR E
City-St-Zip: SEMINOLE, FL 33773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: JEKTVIK, ASJORN
Address: 9902 LAKE SEMINOLE DR W
City-St-Zip: SEMINOLE, FL 33773

Title: D (X) Change () Addition
Name: BAGGS, JAMES
Address: 10358 97TH STREET N
City-St-Zip: SEMINOLE, FL 33733

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: KATHY CROWELL

PD

04/09/2008

Electronic Signature of Signing Officer or Director

_____ Date