

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759244

FILED
Apr 03, 2010
Secretary of State

Entity Name: LAKE SEMINOLE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERI-TECH PROP MGMT
24701 US HIGHWAY 19 NORTH #102
CLEARWATER, FL 33763 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERI-TECH PROP MGMT
24701 US HIGHWAY 19 NORTH #102
CLEARWATER, FL 33763 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
24701 US HIGHWAY 19 NORTH #102
CLEARWATER, FL 33763 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
Name: CROWELL, KATHY
Address: 10350 97TH STREET N
City-St-Zip: SEMINOLE, FL 33773

Title: VPD
Name: MOORS, JERILYN
Address: 9721 LAKE SEMINOLE DR E
City-St-Zip: SEMINOLE, FL 33773

Title: D
Name: PEDRO, MICHELE
Address: 10543 98TH STREET N
City-St-Zip: SEMINOLE, FL 33773

Title: TD
Name: JEKTVIK, ASJORN
Address: 9902 LAKE SEMINOLE DR W
City-St-Zip: SEMINOLE, FL 33773

Title: SD
Name: OLIVA, GINI
Address: 9686 LAKE SEMINOLE DR E
City-St-Zip: SEMINOLE, FL 33733

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: KATHY CROWELL

PD

04/03/2010

Electronic Signature of Signing Officer or Director

Date