

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759244

FILED  
Mar 12, 2012  
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:**

24701 US HIGHWAY 19 NORTH  
SUITE 102  
CLEARWATER, FL 33763 US

**Current Mailing Address:**

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

**New Mailing Address:**

24701 US HIGHWAY 19 NORTH  
SUITE 102  
CLEARWATER, FL 33763 US

**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: SD  
Name: OLIVA, GINI  
Address: 9686 LAKE SEMINOLE DR. E.  
City-St-Zip: SEMINOLE, FL 33773

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

03/12/2012

Electronic Signature of Signing Officer or Director

Date