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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759244

LAKE SEMINOLE VILLAGE HOMEOWNERS ASSOCIATION, IN

	ce of Business	Mailing Address	Mailing Address					
% CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR # 260 CLEARWATER FL 33762 US		3001 EXECUTIVE	% CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR # 260 CLEARWATER FL 33762 US		 	18 18:58 1811 818:5 1821 1830) 8181)		
2. Principal Place of Business		3. Mailing Addre	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 59	4. FEI Number 59-2262433 Applied For Not Applicable		
Zip	Country	Zip	Co	ountry	5. Certificate of Sta	atus Desired 🔲 🖁	8.75 Addi ee Required	tional
	6. Name and Address	of Current Registered Agent-	<u> </u>		7Name and Addr	ess of New Registered A	gent	
				Name				_
3001 EX	MINIUM ASSOCIATES ECUTIVE DRIVE			Street Address (P.O. Box Number is Not Acceptable)				
SUITE 26				1	•			
CLEARW	ATER FL 33762		City			FL	Zip Code	
		tatement for the purpose of cha	anging its registe	red office or re	egistered agent, or both, in t	he State of Florida. I am fa	miliar with, a	ind accept
SIGNATURE	tions of registered agent.							
	Signature, typed or printed name of re	gistered agent and title if applicable.	(NOTE: Register	red Agent signature	e required when reinstating)	DATE		ţ
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	FILE NOW: FEE IS \$6		ection Campaign est Fund Contribu		\$5.00 May Be Added to Fees	Make Check Florida Departr		
								14.0
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	····	RS AND DIRECTORS	11.			S TO OFFICERS AND DIRI		10
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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:

CITY-ST-ZIP

(727) 573-9300