2008 NOT-FOR-PROFIT CORPORATION

FILED May 27, 2008 8:00 am Secretary of State

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	A	NNUA	L KEP	OKT		

DOCUMENT # N00605 1. Entity Name SEMINOLE LANDINGS CONDOMINIUM ASSOCIATION, INC.					05-27-2008 90034 021 ****61.25					
Principal Place of Business Mailing Address 190 SEMINOLE LANE 190 SEMINOLE L COCOA BEACH, FL 32931 COCOA BEACH, FL				31		4010483		BIZN BIZN BIZN AN	100 at 1821	
2. Principal Place of Business - No P.O. Box # 3. Mailing Addre			ing Address) Address .						
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01062008 Ch	g-NP CR2E	(12/06)		
City & State		ļ <u>.</u>	City & State		4. FEI Number 59-2410768		8	No	pplied For ot Applicable	
Zip 		Country	Zip		Country		5. Certificate of Sta		\$8.75 Add Fee Require	ditional d
	6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name					
RIGERMAN, MARILYN A 200 N FIRST ST COCOA BEACH, FL 32931			Street	Street Address (P.O. Box Number is Not Acceptable)						
• · · · · · · · · · · · · · · · · · · ·			City			F	L Zip Cod	e		
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. If am familiar with, and accept the obligations of registered agent.										
SIGNATURE .	Signature, typed	in printed name of registered agen	t and title if app	licable (NOTE	Registered Agent sign	alure required	when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign F Trust Fund Contributi					\$5.00 May Be Added to Fees		ck payable to artment of St			
10.	Р	OFFICERS AND D	RECTORS	(Same	11.	3 S		S TO OFFICERS AND		
NAME STREET ADDRESS	STOCKLER, GERDA NAMA ADDRESS 190 SEMINOLE LN #404 STRE		NAME STREET ADDRESS	Je 5	Live our		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORR, MICHAEL 190 SEMINOLE LN #501		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	D 3	ry Subri Seminole	no	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete TITL BASTALAC, VIRGINIA 44 S MYOMA RD STRI		TITLE NAME STREET ADDRESS CITY-ST-ZIP) Vet	non Hine Som inoly	= 5 .	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	190 SEMI	IN, ROBERT INOLE RD # 203 BEACH, FL 32931		P Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	83	Ross Holmdel Indel N		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASTALA 44S MAY MARS, PA			P Delete Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	190 SEMI	ER, MARTIN INOLE RD #404 BEACH, FL 32931		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutos. 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.										
SIGNAT	URE: _	SIGNATURE AND TYPED OR	PRINTED NAM	E OF SIGNING OFFICER O	R DIRECTOR	B 8	2 R055	Date	Oaytime Phone #	-05-